

**AUTHORIZATION**  
**For Submission/Receiving Application/License from**  
**Hellenic Civil Aviation Authority**

The undersigned person

SURNAME:	
FIRST NAME:	
BIRTH DATE:	
ADDRESS:	
ID / PASSPORT NUMBER.:	
DATE OF ISSUE:	
AUTHORITY/ ISSUING COUNTRY:	

**I AUTHORIZE**

The person Below

SURNAME:	
FIRST NAME:	
BIRTH DATE:	
ADDRESS:	
ID / PASSPORT NUMBER.:	
DATE OF ISSUE:	
AUTHORITY/ ISSUING COUNTRY:	

In order to (use (x) in the box for authorization case)

<input type="checkbox"/>	Submit the application with all the required documents on my behalf via email
<input type="checkbox"/>	Deliver the valid license on my behalf
<input type="checkbox"/>	Receive the new license from the HCAA Secretary on my behalf

Date: ...../...../20....

Signature: .....

This authorization must be submitted with the application after obtaining the relevant certification through gov.gr from the link: <https://www.gov.gr/ipiresies/polites-kai-kathemerinoteta/psephiaka-eggrapha-gov-gr/psephiake-bebaiose-eggraphou> or certified by the competent Greek consular authority if the applicant is a foreign citizen.