

Form. No. PEL-FCL- A10  
 Revision 3  
 Page No. 1 of 3  
 Revision Date: 04/11/2024

**APPLICATION FOR GRANTING  
 PART FCL LICENCE IN ACCORDANCE  
 WITH EU 1178/2011 ARTICLE 10  
 CREDIT FOR PILOT LICENSES  
 OBTAINED DURING MILITARY SERVICE**

Please complete the form in **BLOCK CAPITALS** having read the guidance notes attached to this form.

### 1. PERSONAL DETAILS

Surname..... First Name(s) .....

Title (Mr. / Mrs. / Ms etc) ..... Date of Birth (dd/mm/yyyy) .....

Nationality..... Place of Birth (Town) ..... (Country) .....

Permanent address .....

..... Postcode.....

Contact Tel. No. .... Mobile Tel. No. ....

E-mail address..... Fax Number.....

### 2. HCAA FLIGHT CREW LICENCE/RATING REQUESTED:

CPL  ATPL  IR  FI  TR  AUPRT

### 3. MILITARY SERVICE FLT CREW EXPERIENCE

Hellenic Military Force (e.g. Air Force etc)	Category of License (e.g. Aeroplane, Helicopter etc)	Instrument Certificate Exp. Date (ΠΔΟ)	Class/ Type Rating To be endorsed to HCAA License (e.g. C - 130 etc)	ATPL Theory Credit? (Yes / No)

### 3.1 TYPE / CLASS / INSTRUMENT / INSTRUCTOR RATING VALIDITY

List each **valid** Type, Class, Instrument and/or Instructor rating(s) (as applicable) endorsed on your Military Report and give the date of the most recent Skill Test (LST) or Proficiency Check (LPC) (if applicable) and expiry date for each rating.

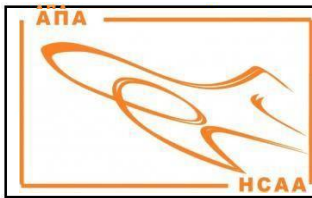
Type / Class / Instrument / Instructor Rating	Date of Skill Test / Proficiency Check (if applicable)	Expiry Date of Rating	HCAA use only

### 4. MEDICAL CERTIFICATE

State of Issue	Class (1 or 2)	Date of most recent Medical Examination	AME Name, Medical Centre & City	Details of any Limitations / Endorsements	HCAA use only

### 5. ENGLISH LANGUAGE PROFICIENCY

ELP Level endorsed on HCAA license	Expiry date (if applicable)	HCAA use only



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## 6. HCAA SUMMARY PRIVACY NOTICE

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your request for the issue of a license, the administration and maintenance of subsequent licenses/certificates and for enforcement purposes. We will not disclose any of your information to any organization without your explicit consent, except where we are obliged to do so under relevant EU and Irish legislation, or to comply with law enforcement agencies.

## 7. APPLICANT'S DECLARATION

I hereby apply for the issue of my HCAA flight crew license as indicated in Section 2 of this form.

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief.

Applicant's Signature..... Date.....

It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a license or the issue, renewal or revalidation of a rating, authorization or certificate, whether for that person or any other person.

## GUIDANCE NOTES & FORM SUBMISSION INSTRUCTIONS

### Guidance Notes

All sections of the application form must be completed by the applicant personally.

In order for the HCAA to process your application as quickly as possible, it is important that you complete the application form correctly. Please complete the form in conjunction with the following guidance notes.

**Section 1 – Personal Details** – to be completed by applicant

**Section 2 – HCAA Flight Crew License/Rating Requested**

Please enter the flight crew license/Rating Requested.

**Section 3 – Military Service Flt Crew Experience** – Please enter details of the Military Service Flt Crew Experience /TR/IR and the Class/TR to be endorsed to HCAA License Based on Military Experience

**Section 3.1 – Type / Class / Instrument / Instructor Rating Validity**

Please enter details of the validity of the Type / Class / Instrument / Instructor Rating of the applicant's Military Service Flt Crew Experience according to the Submitted Military Report

**Note:** Applicants must hold at least one valid type, class, instrument or instructor rating in order for a license to be issued.

**Section 4 – Medical Certificate**

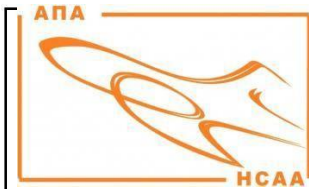
Please enter details of your Part-FCL Class 1 or Class 2 valid Medical Certificate appropriate to the type of license to be issued

**Section 5 – English Language Proficiency**

Please enter the ELP level & validity to be endorsed on your HCAA flight crew license.

**Section 7 – Applicant's Declaration**

This section must be completed by the applicant after reviewing all information entered on the application form.



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## SUBMISSION INSTRUCTIONS

Please, send your application along with the following attachments to [info@hcaa.gov.gr](mailto:info@hcaa.gov.gr) with the following  
Subject: **PEL-FCL- (LICENCE AWARDING /CREDIT REPORT OF MILITARY LICENSES & Last Name)**

Please upload the following:-

- Copy of your Passport (State of Issue / Passport Number / Photograph page(s) only) or Military Identity Card
- Copy of your valid Part-Med Medical Certificate
- Copy of the Military Experience Report (Signed & Stamped)
- English Language Proficiency Assessment form PEL-FCL 270 (or local equivalent if completed with a non-HCAA ELP Assessor)
- e-Administrative Fee Code-eparavolo (CPL) 4511 (ATPL) 4513
- Copy of your valid Military Instrument Certificate (ΠΔΟ)
- ATPL Theory Examinations Subjects Report - Signed & Stamped (Including Grading - Passing Mark Minimum 75%)
- AUPRT: HCAA License Copy (if applicable) & Copy of a Military Experience AUPRT Report (Signed & Stamped)

**Please note that failure to submit all required documentation may result in the return of your application.**

Application Review:	Issue <input type="checkbox"/>	Pending Items <input type="checkbox"/>	Do not Issue <input type="checkbox"/>			
Pending Items						
Applicant Informed via	DMS <input type="checkbox"/>	TEL <input type="checkbox"/>	EMAIL <input type="checkbox"/>	Date:		Tick IF UPDATED ✓
Type Rating Issued:			Expiry Date:			
Restrictions						
HCAA Authorized Personnel (Name):						
Signature:					Date:	