

Form. No. PEL-FCL 010

Revision 1

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Revision Date: 11/09/2023

### **APPLICATION FOR THE RE-ISSUE** OF A FLIGHT CREW LICENCE

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

1. PERSONAL D	ETAILS							
Surname				First Name(	s)			
Title (Mr. / Mrs. / Ms etc) Date of Birth (dd/mm				th (dd/mm/	yyyy)			
Nationality			Place of Bir	Place of Birth (Town) (Country)			/)	
Permanent address								
				Postcode				
Contact Tel. No				Mobile Tel	No			
E-mail address								
Address for correspon								
-		merent nom above)						
2. DETAILS OF H	ICAA FLI	GHT CREW LICEN	CE TO	BE RE-ISSU	ED			
	_				_			
Type of License (e.g. SPL, PPL,		gory of License plane, Helicopter etc)			iry date	License issued in accordance with Part-FCL?		
CPL,ATPL, FEL etc)	(=:g:::==	,					(Yes / No)	
3. MEDICAL CER	TIFICATE							
State of Issue	Class	Date of most recen	.+	AME Nam	^	Details of	of any	
State of issue	(1 or 2)	Medical Examinatio	-	,		Limitati	ons /	HCAA use only
						Endorse	ments	
4. TYPE / CLASS	/ INSTRU	MENT / INSTRUCT	OR R	ATING VALID	ITY			

List each **valid** Type, Class, Instrument and/or Instructor rating(s) (as applicable) endorsed on your existing HCAA Flight Crew License, 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



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5. ENGLISH LANGUAGE PROFICIEN	IC	Υ
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ELP Level endorsed on HCAA license	Expiry date (if applicable)	HCAA use only

### 6. CIRCUMSTANCES OF LOSS / DAMAGE

Describe below, as fully as possible, the circumstances of	the loss of, or damage to your Flight Crew License:
If the license is lost:	
Location of the Police Station where loss was reported:	
Police Incident Ref. Number	
If the license has been lost outside Hellas, please give det Reference Number	ails of the local Police station where the loss was reported along with the

### 7. HCAA SUMMARY PRIVACY NOTICE

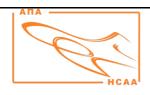
How will we use your information?

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.

#### 8. APPLICANT'S DECLARATION

I hereby apply for the re-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 licence or the issue, renewal or revalidation of a rating, authorization or certificate, whether for that person or any other person.



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#### **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 - Details of HCAA Flight Crew License to be re-issued

Please enter details of the flight crew license to be re-issued.

#### Section 3 - Medical Certificate

Please enter details of your Part-FCL Class 1 or Class 2 Medical Certificate.

Note: Applicants must hold a valid Part-FCL Medical Certificate appropriate to the type of license to be re-issued.

#### Section 4 - Type / Class / Instrument / Instructor rating validity

Please enter details of each valid type, class, instrument and/or instructor ratings (as applicable) endorsed on the license to be reissued.

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

#### Section 5 - English Language Proficiency

Please enter the ELP level & validity endorsed on your HCAA flight crew license. If your ELP has expired, you must renew it before your license can be re-issued.

#### Section 6 - Circumstances of Loss / Damage

Please explain in as much detail as possible the nature, place and time of the loss or damage of your 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.



Please upload the following:-

Signature:

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Please, send your application along with the following attachments to info@hcaa.gov.gr with the following

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### **SUBMISSION INSTRUCTIONS**

Subject: PEL-FCL- (License Number if available &Last Name)

Copy of your valid Part-Med Medical Certificatee-

Administrative Fee Code-eparavolo 8781 (F	Reissue PPL) or 8783 (Re	issue CPL) or 8785 (Reissue ATP	L)
Copy of the Police Report (Signed & Stamp	ed)		
Original damaged license (If damaged)			
Please note that failure to submi	it all required documenta	ation may result in the return of y	your application.
HCAA Use Only:			
Application Review:	Issue	Pending Items	Do not Issue
Pending Items			
Applicant Informed via	DMS TEL	EMAIL Date:	Tick IF UPDATED ✓
License & Type Rating Issued:		Expiry Date:	
Restrictions			
HCAA Authorized Personnel (Name):			
			·

Date: