



Form. No. PEL-FCL 010
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**APPLICATION FOR THE RE-ISSUE
OF A FLIGHT CREW LICENCE**

5. ENGLISH LANGUAGE PROFICIENCY

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:

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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 details of the local Police station where the loss was reported along with the Reference Number

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 re-issued.

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.



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SUBMISSION INSTRUCTIONS

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

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

Please upload the following:-

- Copy of your valid Part-Med Medical Certificatee-
- Administrative Fee Code-eparavolo 8781 (Reissue PPL) or 8783 (Reissue CPL) or 8785 (Reissue ATPL)
- Copy of the Police Report (Signed & Stamped)
- Original damaged license (If damaged)

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

HCAA Use Only:					
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 <input checked="" type="checkbox"/>
License & Type Rating Issued:				Expiry Date:	
Restrictions					
HCAA Authorized Personnel (Name):					
Signature:				Date:	