

Form. No. PEL-FCL 010

Revision 2

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Revision Date:04/11/2024

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

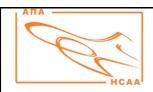
Please complete the form in BLOCK CAPITALS having read the guidance notes attached to this form.

of Birth (dd/mm/y	yyyy)	(Country	)		
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de Tel. No mber					
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Tel. Nomberde					
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SUED					
2. DETAILS OF HCAA FLIGHT CREW LICENCE TO BE RE-ISSUED					
Expi	ry date	accordan	nse issued in ce with Part-FCL? Yes / No)		
3. MEDICAL CERTIFICATE					
State of Issue Class Date of most recent AME Name, Details of any HCAA use only					
Name, entre & City	Limitatio	ns /	HCAA use only		
	Name,	Expiry date  Name, Portails of Limitatio	Expiry date  Lice accordan (  Name, Details of any Limitations / Endorsements		

## 4. TYPE / CLASS / INSTRUMENT / INSTRUCTOR RATING VALIDITY

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

### **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:-

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Please, send your application along with the following attachments to <a href="mailto:info@hcaa.gov.gr">info@hcaa.gov.gr</a> 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 4510	(Reissue PPL) or 4512 (R	eissue CPL) or 4514 (Reiss	ue ATPL)		
Copy of the Police Report (Signed & Star	mped)				
Original damaged license (If damaged	d)				
Please note that failure to submit all required documentation may result in the return of your application.					
HCAA Use Only:					
Application Review:	Issue	Pending Item	Do not Issue		
Pending Items					
Applicant Informed via	DMS TEL	EMAIL Date:	Tick IF <b>UPDATED</b> ✓		
License & Type Rating Issued:		Expiry Date:			
Restrictions					
HCAA Authorized Personnel (Name):					
Signature:		Date:			