

Form. No. PEL-FCL 100E  
 Revision 2  
 Page No. 1 of 7  
 Revision Date:04/11/2024

**APPLICATION BY PILOTS TO CHANGE  
 COMPETENT AUTHORITY TO GREECE**  
 (Change State of License Issue (SOLI) to Greece)

This application is to be used when you wish to change your Competent Authority to Greece and ARE the holder of a Flight Crew License. If you are NOT the holder of a Flight Crew License and only have medical records to transfer, please complete form PEL-FCL 100M only.

Please complete the form in **BLOCK CAPITALS** - having read the Guidance Notes attached to this form - "Change of State of License Issue (SOLI) to Greece" - available on the HCAA Website – [hcaa.gov.gr](http://hcaa.gov.gr)

Section 14 must also be completed to initiate the preparation for receipt of medical records

**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 .....

**2. DETAILS OF PART-FCL LICENCE(S) HELD**

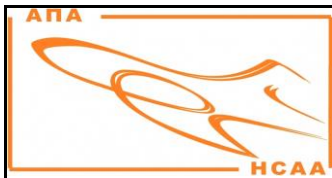
State of Issue	Was License issued under Part-FCL?	License Type (e.g. PPL, CPL, ATPL)	Aircraft Category (e.g. Aeroplane, Helicopter)	License Number.	HCAA use only

**Note: An ATPL with "Co-pilot only" restriction will, unless for a medical reason, be recognized as equivalent to CPL only.**

**3. MOST RECENT CURRENT MEDICAL CERTIFICATE DETAILS**

**(Important Note: If an applicant does not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until their Medical Certificate has been renewed by their present SOLI)**

State of Issue of Medical Certificate (Where your medical records are held)	Class 1, 2, LAPL	Date of Aeromedical Examination	AME Name, Aeromedical Centre & Location	AME No.	Details of any Limitations / Endorsements	HCAA use only



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**4. DETAILS OF PREVIOUS STATES OF LICENCE ISSUE (SOLI) IF YOU CHANGED SINCE THE YEAR 2011.**

	License Type (e.g. ATPL, F/E)	State of Issue	Date From	Date To	HCAA use only
1.					
2.					
3.					

**5. DETAILS OF TYPE / CLASS / ADDITIONAL RATING(S) HELD (see Guidance notes)**

Only give details of Type, Class and/or additional rating(s) endorsed on your Part-FCL license that are **valid**.

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

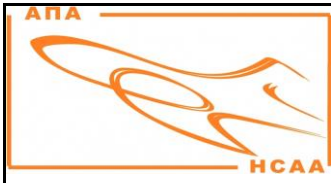
**6. DETAILS OF INSTRUMENT RATING(S) HELD (PILOT LICENCES ONLY)**

Give the date of the most recent Instrument Rating Skill Test(s) and/or Proficiency Check(s) endorsed on your Part-FCL License.

Type / Class of Aircraft	Indicate if Test / Check was flown Single or Multi-Pilot (SP or MP)	Date of Test / Check	Expiry Date	HCAA use only

**7. DETAILS OF INSTRUCTOR CERTIFICATE(S) / RATING(S) HELD**

State of Issue	Type of Instructor qualification & aircraft category (e.g. FI(A), TRI(H), SFI(A),TRI(E))	Date of issue	Expiry Date	Details of privileges/restrictions (e.g. FI for CPL, IR, ME) (e.g. TRI – Sim only)	HCAA use only



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**8. DETAILS OF EXAMINER CERTIFICATE(S) / AUTHORISATION(S) HELD**

State of Issue	Type of Examiner Certificate & aircraft category/Type (e.g. FE(A), TRE(H) (SFE(A)))	Date of issue	Expiry Date	Details of Privileges/restrictions (e.g. FE(A) – PPL)	HCAA use only

**9. DETAILS OF ATPL THEORETICAL KNOWLEDGE CREDIT HELD (if applicable) (CPL AND FE holders only)**

EASA Member State under whose authority exams were passed	Type of exams passed (Part-FCL PPL, CPL, ATPL)	Date of final ATPL exam pass	HCAA use only

**10. LANGUAGE PROFICIENCY (ENGLISH AND OTHER LANGUAGES)**

Language	Language proficiency level endorsed on license	Expiry Date (if applicable)	HCAA use only

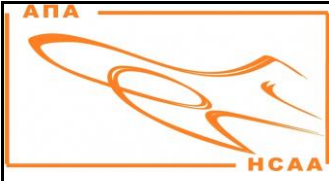
**11. MULTI-CREW CO-OPERATION COURSE (MCC) COMPLETED (if applicable) (CPL holders only)**

Date of completion of MCC course	Approved Training Organization (ATO) where MCC course was completed (See guidance notes re submission of ATO certificate)	ATO Approval No.	EASA Member State that approved the ATO	HCAA use only

**12. 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 to transfer to this Competent Authority, 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 Hellenic legislation, or to comply with law enforcement agencies.



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**13. APPLICATION, DECLARATION & CONSENT TO ALLOW RECEIPT OF LICENCE & MEDICAL INFORMATION**

**APPLICATION:** In accordance with Part-FCL.015(d), I hereby apply to change my 'State of License Issue' (SOLI) to Greece in respect of my Part-FCL (and Instructor/Examiner Certificates, if applicable) and I authorize the release of my associated licensing and medical records to the Hellenic Civil Aviation Authority.

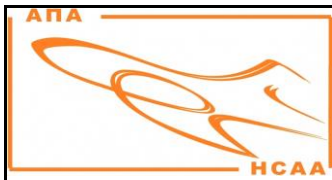
**DECLARATION:** I hereby declare that: -

- 1) I do not hold any personnel license, certificate, rating, or authorization, other than as detailed in Section 2 of this form, with the same scope and in the same category, issued by another Member State;
- 2) I have not applied for any personnel license, certificate, rating, or authorization with the same scope and in the same category to another Member State since making this application for change of SOLI.
- 3) I have never held any personnel license, certificate, rating, or authorization with the same scope and in the same category issued in another Member State which was revoked or suspended;
- 4) I am not the subject of any pending license enforcement action in any State.
- 5) The information given in this form is true and correct to the best of my knowledge and belief. I am aware that any incorrect information given could disqualify me from being granted a flight crew license, certificate, rating, or authorization or result in revocation if discovered after issue of same.

**CONSENT:** I hereby give my consent for the Hellenic Civil Aviation Authority to request and receive all records and details concerning my Flight Crew License(s) and my medical certification from my present and from any previous Competent Authority/Aeromedical Section and to make such enquiries concerning my Flight Crew License(s) and medical fitness and certification as is deemed necessary.

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

**Note:** 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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**14. SUMMARY OF SUBMISSION FOR AEROMEDICAL SECTION**

This section must be completed to initiate the preparation for receipt of medical records. When completing the fillable pdf version, most of this section should auto-populated based on your completion of the earlier sections.

**14.1. LICENCE HOLDER 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 .....

**14.2. DETAILS OF PART-FCL LICENCE(S) HELD**

State of Issue	Was License issued under Part-FCL?	License Type (e.g. PPL, CPL, ATPL)	Aircraft Category (e.g. Aeroplane, Helicopter)	License Number.	HCAA use only

**14.3. MOST RECENT CURRENT MEDICAL CERTIFICATE DETAILS**

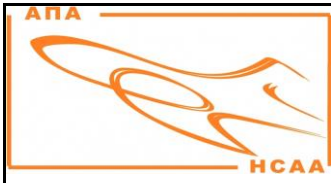
**(Important Note: If an applicant does not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until their Medical Certificate has been renewed by their present SOLI)**

State of Issue of Medical Certificate (Where your medical records are held)	Class 1, 2, LAPL	Date of Aeromedical Examination	AME Name, Aeromedical Centre & Location	AME No.	Details of any Limitations / Endorsements	HCAA use only

**14.4. CONFIRMATION OF CONSENT TO ALLOW RECEIPT OF MEDICAL INFORMATION**

I hereby confirm that I have signed section 13 (Application, Declaration & Consent to Allow Receipt of License & Medical Information)

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



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## GUIDANCE NOTES

In order for the HCAA to process your application as quickly as possible, it is important that you complete the application form correctly. The application form applies to a number of different licenses and ratings, so not all sections may be applicable to you. You should be aware that the process to transmit your licensing and medical records can take up to 12 weeks to complete.

Please complete the form in conjunction with the following guidance notes.

### Section 1 – Personal Details

To be completed by the applicant.

### Section 2 – Please enter Details of Part-FCL license(s) held - as applicable.

Note: An ATPL with “Co-pilot only” restriction will (unless endorsed for medical reason) be recognized as equivalent to CPL only

### Section 3 – Medical Certificate

**Note: The following must be supplied by the Aeromedical Section (AMS) of the Competent Authority of the present State of License Issue (SOLI) directly to the HCAA AMS, at the following address. [ams@hcaa.gov.gr](mailto:ams@hcaa.gov.gr)**

- (1) Copy of current valid medical certificate, medical certificate application form and examination report form.
- (2) Copy of earliest dated medical certificate application form and examination report form held on the applicant's file.
- (3) Summary of medical history, (with dates) to include relevant inactive conditions and active conditions requiring follow-up.  
  
(Note: This summary report must be provided in the English language (or in the native language and accompanied by an English language translation certified by the CA) and must be signed by a Medical Assessor employed by or acting on behalf of the Aeromedical Section (AMS) of the CA of present SOLI).
- (4) Copy of the most recent electrocardiogram and audiogram, where applicable.

### Section 4 - Details of previous States of License Issue (SOLI s) if you changed since the year 2011.

### Section 5 - Details of Type / Class / Additional rating(s) held

Please give details of all valid types, class and/or additional rating(s) (e.g. Night, Aerobatic, Towing etc.) held.

Note: Expired ratings and National (non-Part-FCL) ratings will NOT be entered on the HCAA-issued Part-FCL license - a record of them will usually be received by the HCAA as part of the license verification process in case you wish to renew any of them in the future.

### Section 6 - Details of Instrument rating(s) held Please give details of all Instrument Rating(s) held (Pilots only)

### Section 7 – Please give Details of Instructor Certificate(s) / rating(s) held including all privileges/restrictions

### Section 8 - Please give Details of Examiner Certificate(s) / Authorization(s) held including all privileges/restrictions.

### Section 9 – If applicable, please enter details of ATPL Theoretical Knowledge Exam Credit held (CPL & F/E holders ONLY)

### Section 10 – Language Proficiency

Please enter details of all valid Language Proficiency endorsements held. Note: if you do not hold a valid English Language Proficiency (ELP) endorsement, you will be required to complete an ELP assessment, either with a HCAA ELP Assessor or an assessor/organization acceptable to the HCAA.

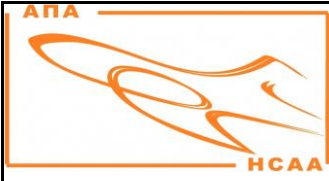
**Section 11 – Multi-crew Co-operation Course (MCC) (CPL holders who wish to fly Multi-Pilot Aircraft ONLY) - If applicable,** please enter the details of the MCC course completed and attach a copy of the MCC Certificate. A copy of the ATO Certificate showing the course approval will need to be submitted.

### Section 13 – Application & Declaration

This section must be completed by the applicant after reviewing all information entered on the application form. If you are unable to agree with any of the statements in the declaration, please contact the Personnel Licensing Office by Email for further advice before submitting this application ([fcl.applications@hcaa.gov.gr](mailto:fcl.applications@hcaa.gov.gr)).

### Section 14 – Summary of Submission for Aeromedical Section

This section is used by the aeromedical section (AMS) to prepare for the receipt of medical records from the state of transfer.



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**SUBMISSION INSTRUCTIONS**

**Please note that failure to complete this form fully and upload all required documentation WILL result in the rejection of your application.**

Please, send your application along with the following attachments to [info@hcaa.gov.gr](mailto:info@hcaa.gov.gr) with the following

**Subject: PEL-SOLI- (License Number if available & Last Name).** Make sure to CC your email to [ams@hcaa.gov.gr](mailto:ams@hcaa.gov.gr)

- Copy of your existing Part-FCL Flight Crew License(s) (all pages)
- Copy of your Passport (State of Issue / Passport Number / Photograph page(s) only) or National Identity Card
- Copy of your most recent valid Part-MED Medical Certificate.

**(Important Note: If you do not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until your Medical Certificate has been renewed by your present State Of License Issue (SOLI)).**

- e-Administrative Fee Code-eparavolo.

Logbook(s) are not required to be submitted but the HCAA reserves the right to request your logbook(s) at a later stage.

**If applicable;**

- Copy of your existing Part-FCL Instructor / Examiner Certificate(s) / Authorization(s)
- Copy of your ATPL theoretical knowledge examination results (if available / applicable) – **CPL or F/E holders only**
- Copy of your MCC course completion certificate and copy of the ATO approval certificate (include list of courses) for MCC course provider – **CPL holders who wish to fly Multi-Pilot Aircraft only**

Paravolo - Administrative Fee Code per Situation	
PPL	4509
CPL	4511
ATPL	4513