

Form. No. PEL-FCL 100M  
 Revision 1  
 Page No. 1 of 4  
 Revision Date: 11/09/2023

**APPLICATION TO CHANGE COMPETENT  
 AUTHORITY TO GREECE FOR MEDICAL  
 RECORDS ONLY**

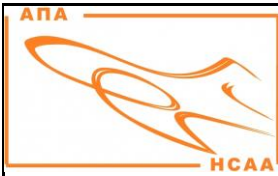
This application is to be used when you wish to change your Competent Authority to Greece but are NOT the holder of a Flight Crew License and only have medical records to transfer. If you hold a Flight Crew License, please complete form PEL-FCL 100E only.

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 .....	

2. MOST RECENT CURRENT MEDICAL CERTIFICATE DETAILS						
<b>(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)</b>						
State of Issue of Medical Certificate (Where your medical records are held)	Class 1, 2 or LAPL	Date of Aeromedical Examination	AME Name, Aeromedical Centre & Location	AME No.	Details of any Limitations / Endorsements	HCAA use only

3. DETAILS OF PREVIOUS STATES OF LICENCE ISSUE (SOLI) IF YOU CHANGED SINCE THE YEAR 2011.					
	Certificate Type (Class 1, 2 or LAPL)	State of Issue	Date From	Date To	HCAA use only
1.					
2.					
3.					



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**4. 3<sup>rd</sup> COUNTRY MEDICAL / LICENCE HISTORY**

Have you held a medical and / or flight crew license issued by an ICAO contracting state that is not part of EASA?

Yes

No

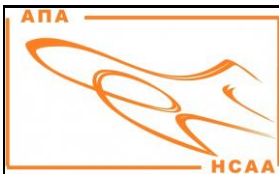
If yes, provide explanation below:

State of Issue of Medical Certificate or License	Type	Date of Issue	Details of any Limitations / Endorsements	HCAA use only

**5. 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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**6. 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-Med Medical certificate and associated and I authorize the release of my associated medical records to HCAA the Competent Authority of Greece.

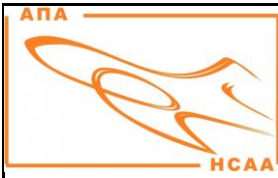
**DECLARATION:** I hereby declare that:-

- 1) I do not hold any certificate, license rating, or authorization, other than as detailed in Sections 2, 3 and 4 of this form;
- 2) I have not applied for any personnel license, certificate, rating, or authorization to another Member State since making this application for change of SOLI.
- 3) I have never held any personnel license, certificate, rating, or authorization issued in another Member State which was revoked or suspended;
- 4) I am no subject of any pending license or medical certificate 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.
- 6) I understand that the HCAA may not be able to complete my request for change of competent authority where issues are noted that are not provided for within the scope of Part Med

**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 medical fitness and certification as is deemed necessary.

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.



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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 the transfer of medical records and **is not** to be used when a license is held within an EASA member state. You should be aware that the process to transmit your licensing and medical records can take up to **12 weeks** to complete.

You should also check with the competent authority from whom you are transferring to determine if additional steps are required to be completed by you.

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

### Section 1 – Personal Details

The permanent address may be entered on the HCAA-issued Part-MED Medical Certificate.

### Section 2 – 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 email address below.)

[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 3 - Details of previous States of License Issue (SOLI s) if you changed since the year 2011.

### Section 4 - Details of any 3<sup>rd</sup> Country medicals and or licenses held

### Section 6 – 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)).

## SUBMISSION INSTRUCTIONS

**Please note that failure to complete this form fully and submit all required documentation WILL result in the rejection of your application and the inability to proceed with the 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)

Please enclose the following:-

- 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)).**