

Form. No. PEL-FCL 120  
 Revision 1  
 Page No. 1 of 3  
 Revision Date: 11/09/2023

**APPLICATION FOR VERIFICATION OF A LICENCE**

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..... Fax Number.....

**2. DETAILS OF HCAA ISSUED LICENCE(S) TO BE VERIFIED**

Type of License (e.g. SPL, PPL, CPL, ATPL, AME, ATC etc.)	Category of License (e.g. Aeroplane, Helicopter, B1, B2 etc.)	License No.	Expiry date

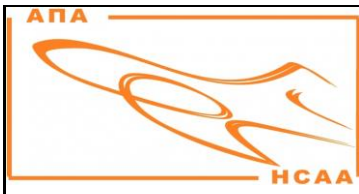
**3. HCAA SUMMARY PRIVACY NOTICE**

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, maintenance and verification 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.

**HCAA Use Only:**

Application Review:	Commenced <input type="checkbox"/>	Pending Items <input type="checkbox"/>	Rejected <input type="checkbox"/>
Pending Items			
Applicant Informed via	DMS <input type="checkbox"/>	TEL <input type="checkbox"/>	EMAIL <input type="checkbox"/>
CAA Contacted HCAA	<input type="checkbox"/>	Date:	___/___/___
Verification DATA sent to Foreign CAA	<input type="checkbox"/>	Date:	___/___/___
HCAA Authorized Personnel (Name):			
Signature:		Date:	___/___/___



Form. No. PEL-FCL 120  
Revision 1  
Page No. 2 of 3  
Revision Date: 11/09/2023

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**4. CONSENT TO REALEASE INFORMATION**

**Part 1 - Agreement for release of information to an Aviation Authority**

I hereby consent to the disclosure by the Hellenic Aviation Authority (HCAA) to the \_\_\_\_\_ Aviation Authority /  
Administration of details associated with the above Hellenic issued license(s) as requested by that Authority

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 2 - Agreement for release of information to a Company or Airline**

Tick if applicable

I hereby consent to the disclosure by the Hellenic Civil Aviation Authority (HCAA) of details associated with the above Hellenic issued  
license(s) to:

Company / Airline Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**No verification can be issued until the Authority applies directly to the HCAA for the verification. This  
application provides your permission to release the information if requested.**

**Completion and submission of this form does not commence the verification process. Further  
contact from the respective Civil Aviation Authority will commence the verification process.**

**5. APPLICANT'S DECLARATION**

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief.

I understand that this application does not initiate a verification request or a transfer of medical records but provides clearance to  
release the information to the Authority / Administration or Company seeking it.

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.**



Form. No. PEL-FCL 120  
Revision 1  
Page No. 3 of 3  
Revision Date: 11/09/2023

## APPLICATION FOR VERIFICATION OF A LICENCE

### GUIDANCE NOTES & 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

The permanent address is what will be provided for license verification purposes (provided it matches our records)

##### Section 2 – Details of License to be Verified

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

##### Section 4 – Consent to release information

Only select one option here and provide the full detail requested. Failure to do so may delay or prevent the verification process.

##### Section 5 – Applicant's Declaration

This section must be completed by the applicant after reviewing all information entered on the application form.

**NOTE: Applicants should allow plenty of time for a license verification process. The HCAA cannot provide details of the verification progression of another state.**

**This form DOES NOT initiate a transfer of medical records.**

### SUBMISSION INSTRUCTIONS

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

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

Please upload the following:

e-Administrative Fee Code-eparavolo 8795