

Form. No. PEL-FCL 145
 Revision 2
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 Revision Date: 04/11/2024

Application for Part-FCL Sailplane Pilot License (SPL)

European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licenses administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and FCL.015).
If your medical records are not held by the HCAA, your application will be rejected.

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

1. PERSONAL DETAILS To be completed by applicant

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. LICENSE(S), RATING(S) AND/OR CERTIFICATE(S) APPLIED FOR Tick relevant box as appropriate

License required

Sailplane Pilot License SFCL.145 SPL TMG SFCL.145 SPL

Ratings

Sailplane towing and banner towing rating SFCL.205 Touring Motor Glider (TMG) night rating SFCL.210

Launch Method(s) SFCL.155 SPL

Winch Launch Car Launch Aerotow Bungee Launch Self-Launch

Additional Privileges

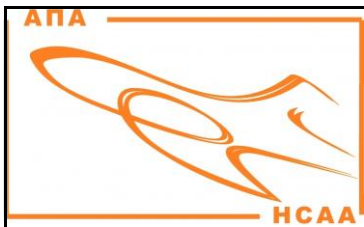
Aerobatic SFCL.200 Sailplane and TMG privileges SFCL.150 SPL Sailplane Cloud Flying SFCL.215

Flight Instructor privileges

Flight Instructor; SFCL.315 FI(S) Flight Instructor – Sailplane Instructor SFCL.315 FI(S)(a)(7)
 Flight Instructor; SFCL.350 FI(S) Restricted privileges

Examiner privileges

Flight Examiner – Sailplanes; SFCL.400



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3. DETAILS OF EXISTING FLIGHT CREW LICENCE(S) HELD

State of Issue	Type of License (e.g.LAPL, PPL, CPL etc)	Category of License (e.g. Aeroplane, Helicopter etc)	License No.	Expiry Date

4. MEDICAL CERTIFICATE

State of Issue	Class of Medical Certificate held	Date of last Medical	Expiry Date

Note: Your Medical Certificate must be valid on the license issue date. If your Medical Certificate is due to expire within 14 days after the date of application for license issue, please complete the following

My medical examination will take place at: on:

A license will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in Ireland. European Commission Regulation (EU) No. 1178/2011as amended, requires that an individual has all of their licenses administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

5. ENGLISH LANGUAGE PROFICIENCY (ELP)

Date of ELP Assessment	Level achieved	Name of Examiner	Examiner Number	HCAA use only

6. ATO/DTO CERTIFICATION (Tick as appropriate) To be completed by the ATO/DTO

I certify that (name)has satisfactorily completed a course of training for the grant of a Sailplane Pilot's License and/or TMG License

I further certify that I have examined the applicants flying log and the entries in them meet in full the flying experience requirements for the grant of a Sailplane Pilot's License and/or TMG License in accordance with Part-SFCL, and sections 6 & 7 of this application form.

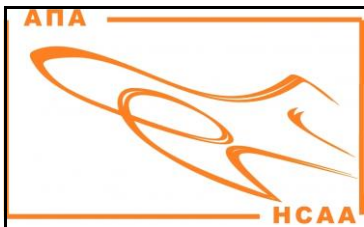
Recommended for Skill Test by (name): License No:

Approved Training Organization (ATO/DTO): ATO/DTO Approval No:

Competent Authority issuing Approval:

Name of Head of Training:

Signature (Head of Training):	Date:
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7. THEORETICAL KNOWLEDGE EXAMINATIONS

Examination Paper	Exam Date	Mark (%)	Examination Paper	Exam Date	Mark (%)
Air Law			Operational Procedures Sailplane		
Human Performance			Flight Performance and Planning Sailplane		
Meteorology			Aircraft General Knowledge Sailplane		
Communications			Navigation Sailplane		
Principles of Flight Sailplane					

Competent Authority administering the examinations.....

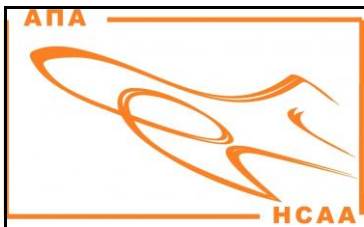
Date all Theoretical Knowledge Examinations successfully completed:.....

Examinations not completed under the HCAA examination system shall only be accepted following verification by the Competent Authority under whose control the examinations were sat.

8. FLYING EXPERIENCE – SPL(Sailplane)

To be completed by the Applicant

	Hours Claimed	Qualifying Hours
Supervised Solo flight time		2
Date of solo cross-country flight no less than 50km/27NM (SPL) or Date of dual cross-country flight no less than 100km/55NM (SPL)	Date: Date:	NA
Dual instruction		10
Number of Launches and Landings	No.	Minimum 45
Date of pre-entry flight test (if applicable)	Date:	
Credit for PIC experience in aircraft after ATO/DTO assessment (if applicable)		
Experience claimed in TMG (if applicable)	No.....	7 (max)
Total Hours		15



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Launch Method	Dual	Solo
Aerotow (minimum of 5 launches dual flight instruction and 5 solo launches under supervision)		
Self-Launch (minimum of 5 launches in dual flight instruction and 5 solo launches under supervision (dual flight may be conducted in a TMG))		
Bungee Launch (minimum 3 dual flight instruction or solo under supervision)		
Car Launch (minimum 10 dual flight instruction and 5 solo under supervision)		
Winch Launch (minimum 10 dual flight instruction and 5 solo under supervision)		

8. FLYING EXPERIENCE – TMG(Touring Motor Glider) To be completed by the Applicant

	Hours Claimed	Qualifying Hours
Total flight instruction in TMGs,		6
Date of solo cross-country flight no less than 150 km (80 NM) (TMG)	Date:	NA
Dual instruction		4
Total Hours		6

9. CONFIRMATION OF SKILL TEST To be completed by the Examiner

I certify that I have examined the applicants flying logbook(s) and the entries contained therein meet, in full, the flying experience requirements for the grant of a Part-FCL Sailplane Pilot License (Sailplane).

I further certify that (Name) has passed the SPL / TMG skill test, as follows

Pass date:/...../..... **Aircraft type:** **Aircraft registration:**

Examiner's Name: Examiner Number:

Issuing Competent Authority:

Date of 'Non-HCAA Examiner's Briefing' (if applicable):/...../.....Examiners signature:
 Date:/...../.....

Note: Examiners are reminded that they must complete the Skill Test Report Form and submit to the HCAA's Personnel Licensing Office within **14** days of the date of skill test, and if applicable, a copy of the confirmation email(s) from the HCAA in respect of the 'Non-HCAA Examiner's Briefing' and 'Notification of Test'.

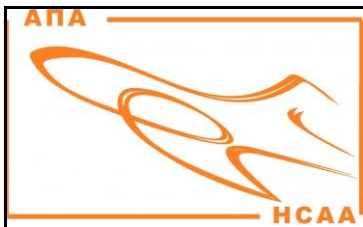
APPLICANT'S DECLARATION - I hereby declare that:

- 1) I do not hold a Part-FCL / Part-SFCL license issued by another EASA Member State;
- 2) I have not applied for a Part-FCL / Part-SFCL flight crew license in another Member State;
- 3) I have never held a flight crew license, issued another Member State, which was revoked or suspended.

I further 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 license or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person



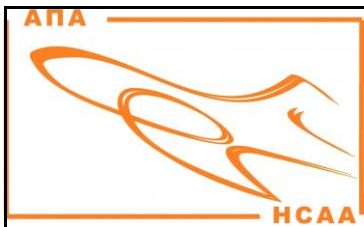
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**Application for Part-FCL Sailplane
 Pilot License (SPL)**

Applicant's Name:		License Number:							
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The following skill test contents and sections should be used for the skill test for the issue of an SPL in a sailplane, excluding TMGs:

SECTION 1 - PRE-FLIGHT OPERATIONS AND DEPARTURE		Pass	Partial	Fail
Use of checklist, airmanship (control of sailplane by external visual reference), look-out. Apply in all sections.				
a	Pre-flight sailplane (daily) inspection, documentation, NOTAM and weather briefing			
b	Verifying in-limits mass and balance and performance calculation			
c	Sailplane servicing compliance			
d	Pre-take-off checks			
SECTION 2 - LAUNCH METHOD				
Note: at least for one of the three launch methods all the mentioned items are fully exercised during the skill test				
SECTION 2 (A) – WINCH OR CAR LAUNCH				
a	Signals before and during launch, including messages to winch driver			
b	Adequate profile of winch launch			
c	Simulated launch failure			
d	Situational awareness			
SECTION 2 (B) – AEROTOW LAUNCH				
a	Signals before and during launch, including signals to or communications with tow plane pilot for any problems			
b	Initial roll and take-off climb			
c	Launch abandonment (simulation only or 'talk-through')			
d	Correct positioning during straight flight and turns			
e	Out of position and recovery			
f	Correct release from tow			
g	Look-out and airmanship through whole launch phase			
SECTION 2 (C) – SELF-LAUNCH (powered sailplanes only)				
a	ATC compliance (if applicable)			
b	Aerodrome departure procedures			
c	Initial roll and take-off climb			
d	Look-out and airmanship during the whole take-off			
e	Simulated engine failure after take-off			
f	Engine shut down and stowage			

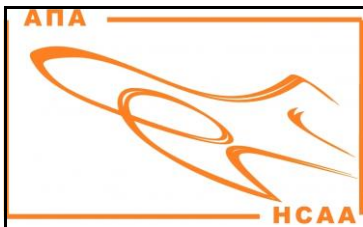


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 Pilot License (SPL)**

Applicant's Name:		License Number:					
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SECTION 3 - GENERAL AIRWORK		Pass	Partial	Fail
a	Maintain straight flight: attitude and speed control			
b	Coordinated medium (30 ° bank) turns, look-out procedures and collision avoidance			
c	Turning on to selected headings visually and with use of compass			
d	Flight at high angle of attack (critically low air speed)			
e	Clean stall and recovery			
f	Spin avoidance and recovery			
g	Steep (45 ° bank) turns, look-out procedures and collision avoidance			
h	Local area navigation and awareness			
SECTION 4 - CIRCUIT, APPROACH AND LANDING				
a	Aerodrome circuit joining procedure			
b	Collision avoidance: look-out procedures			
c	Pre-landing checks			
d	Circuit, approach control and landing			
e	Precision landing (simulation of out-landing and short field)			
f	Crosswind landing if suitable conditions available			



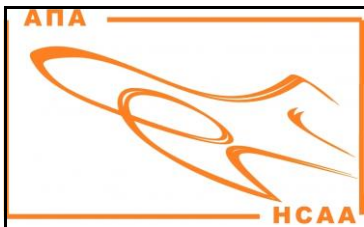
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**Application for Part-FCL Sailplane
 Pilot License (SPL)**

Applicant's Name:		License Number:					
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The following skill test contents and sections should be used for the skill test for the issue of an SPL in a TMG:

SECTION 1 - PRE-FLIGHT OPERATIONS AND DEPARTURE		Pass	Partial	Fail
Use of checklist, airmanship (control of sailplane by external visual reference), look-out. Apply in all sections.				
a	Pre-flight documentation, flight planning, NOTAM(s) and weather briefing			
b	Mass and balance and performance calculation			
c	TMG inspection and servicing			
d	Engine starting and after starting procedures			
e	Taxiing and aerodrome procedures, pre-take-off procedures			
f	Take-off and after take-off checks			
g	Aerodrome departure procedures			
h	ATC liaison: compliance			
SECTION 2A: GENERAL AIRWORK (WITH ENGINE POWER)		Pass	Partial	Fail
a	ATC liaison			
b	Straight and level flight, with speed changes			
c	Climbing: i. best rate of climb; ii. climbing turns; and iii. levelling off.			
d	Medium (30 ° bank) turns, look-out procedures and collision avoidance			
e	Steep (45 ° bank) turns			
f	Flight at critically low air speed with and without flaps			
g	Stalling: i. clean stall and recover with power; ii. approach to stall descending turn with bank angle 20 °, approach configuration; and iii. approach to stall in landing configuration.			
h	Descending: i. with and without power; ii. descending turns (steep gliding turns); and iii. levelling off.			
SECTION 2B: GENERAL AIRWORK (WITHOUT ENGINE POWER)		Pass	Partial	Fail
a	Straight and level flight, with speed changes			
b	Medium (30 ° bank) turns, look-out procedures and collision avoidance			
c	In-flight engine start and stop procedures			
d	Stall in turns			



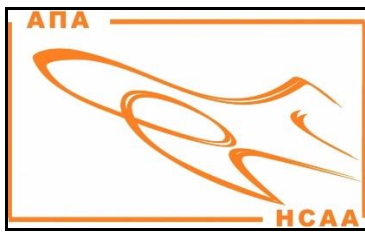
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Applicant's Name:		License Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 3: EN-ROUTE PROCEDURES		Pass	Partial	Fail
a	Flight plan, dead reckoning and map reading			
b	Maintenance of altitude, heading and speed			
c	Orientation, airspace structure, timing and revision of estimated times of arrival (ETAs), log keeping			
d	Diversion to alternate aerodrome (planning and implementation)			
e	Flight management (checks, fuel systems, carburettor icing, etc.)			
f	ATC liaison: compliance			
SECTION 4: APPROACH AND LANDING PROCEDURES		Pass	Partial	Fail
a	Aerodrome arrival procedures			
b	Collision avoidance (look-out procedures)			
c	Precision landing (short field landing) and crosswind, if suitable conditions are available			
d	Flapless landing (if applicable)			
e	Approach to landing with idle power			
f	Touch and go			
g	Go-around from low height			
h	ATC liaison			
i	Actions after flight			
SECTION 5: ABNORMAL AND EMERGENCY PROCEDURES		Pass	Partial	Fail
This section may be combined with Sections 1 through 4.				
a	Simulated engine failure after take-off			
b	* Simulated forced landing			
c	* Simulated precautionary landing			
d	Simulated emergencies			
e	Oral questions			
a	Simulated engine failure after take-off			

* These items may be combined, at the discretion of the FE.



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**Application for Part-FCL Sailplane
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Applicant's Name:		License Number:					
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COMPLETED BY EXAMINER

FCL.1030(a)(1) , I have ensured that communication with the applicant can be established without language barriers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(2) , I have verified that the applicant complies with all the qualification, training and experience requirements in Part-FCL/ Part-SFCL for the issue, revalidation or renewal of the license, rating or certificate for which the skill test, proficiency check or assessment of competence is taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(a)(3) , I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , I have informed the applicant of the result of the test.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(1) , In the event of a partial pass or fail: I have informed the applicant that he/she may not exercise the privileges of the rating until a full pass has been obtained and detailed any further training requirement and explain the applicant's right of appeal.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3) , I have provided the applicant with a signed report of the skill test or proficiency check.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030(b)(3)(ii) , I confirm that all the required manoeuvres and exercises have been completed, as well as information on the verbal theoretical knowledge examination, when applicable. If an item has been failed, I have recorded the reasons for this assessment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FCL.1030 (3)(iv)(v) In the case if the competent authority responsible for the applicant's license is not the same that issued the examiner's certificate		
I hereby declare that I, _____, have reviewed and applied the relevant national procedures and requirements of the applicant's competent authority contained in version _____ of the Examiners Differences Document	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I have attached to this report a copy of the examiner certificate containing the scope of my privileges as examiner.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

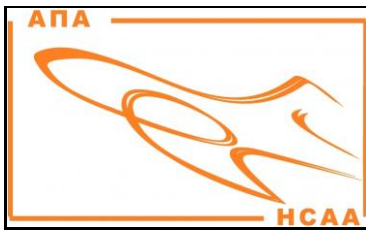
Any comment on, or disagreement with, an examiner's test or check evaluation or assessment made during a debriefing:

Examiner's Name, Surname / Date / Signature

COMPLETED BY APPLICANT

I understand and agree with all above mentioned information and have no objections.
In the event of a partial pass or fail: I agree / disagree for re-examination with the same examiner.

Applicant's Name, Surname / Date / Signature



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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

Please ensure that your First Name(s) are entered **exactly** as per the 'evidence of identity' document that you submit with your application - see Submission instructions at the end of this form.

Section 2 – License(S), Rating(S) And/or Certificate(S) Applied For

Tick the element you require/are applying for.

Section 3 – Details of Existing Flight Crew License(s) held

Please enter details of all flight crew license(s) (including foreign licenses) held.

Section 4 – Medical Certificate

Please enter details of your valid Part-MED Class 1, 2 or LAPL Medical Certificate.

Section 5 – English Language Proficiency (ELP)

Please enter details of your ELP assessment.

Section 6. ATO/DTO Certification

Applicants are required to have a recommendation of test and certification of compliance with the requirements ISSUED BY THE ATO/DTO at which your training was conducted.

Section 7 – Theoretical Knowledge

Please enter details of the theoretical knowledge examinations passed. If the examinations have not been passed with the HCAA, the results will be verified with the State under whose authority exams were passed as part of the license issue process.

Section 8 – Flying Experience – SPL

Enter the details of the hours and training requirements here.

Section 9 – Confirmation of Skill Test

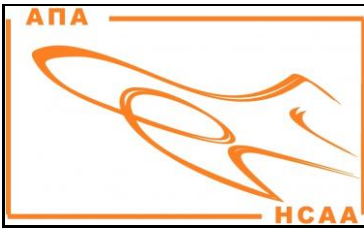
To be completed by the Examiner.

Non HCAA approved Examiners shall have complied with the HCAA's National Administrative Procedures before completing the Notification of Test Form as described in the Information Notice Number: LIC 01/2023 found at the HCAA website:

<https://hcaa.gov.gr/en>

Section 10 – Applicant's 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 for further advice before submitting this application.



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SUBMISSION INSTRUCTIONS (see Guidance Notes)

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)**

- All original Flying logbooks
- Copy of your valid Part-MED LAPL, Class 1 or 2 Medical Certificate
- Copy of your Passport.
- Copy of Part-ORA Approved Training Organizations (ATO/DTO) Approval certificate.
- Copy of your Part-FCL or theoretical knowledge examination results
- Copy of Part-FCL Examiner's Approval certificate and license.
- Original Qualifying Cross-Country Certificate.
- e-Administrative Fee code-eparavolo 4619 & 4517 (Initial SPL) OR 4518 (Re-issue SPL)

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