

Form. No. PEL-FLC 270
 Revision 1
 Page No. 1 of 3
 Revision Date: 11/09/2023

**APPLICATION FOR AN ENGLISH
 LANGUAGE PROFICIENCY (ELP) GROUND
 EXAMINATION**
(ALL FLIGHT CREW LICENCE CATEGORIES)

A list of current ELP L.A.Bs is available on the HCAA website at <https://hcaa.gov.gr/en/language-assessment-bodies-labs>
 Please complete the form in BLOCK CAPITALS having read the pre-test briefing notes supplied by the Examiner.

1. PERSONAL DETAILS

HCAA Licence Reference No. (if known)

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

Language Assessment Body(L.A.B)

2. DETAILS OF FLIGHT CREW LICENCE(S) HELD (if applicable)

State of Issue	Type of license (e.g. SPL, PPL, CPL, ATPL, F/E) & Category of License (e.g Aeroplane, Helicopter etc)	Class, Type & Instrument Ratings endorsed on License	License No.	Expiry Date

3. DETAILS OF PREVIOUS ENGLISH LANGUAGE PROFICIENCY (ELP) EXAMINATION(S) UNDERTAKEN

(Note : If no ELP test has previously been undertaken, please enter "NONE")

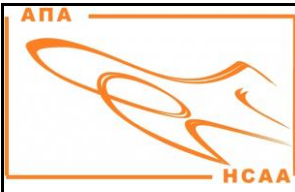
Date of Test	State where tested	Examiner's Name	Examiner's Authorization No.	Result of Test (i.e., ICAO Level 1 to 6)

4. APPLICATION (tick as appropriate)

I am applying for the PART-FCL English Language Proficiency (ELP) ground examination indicated below:-

SPL (A) PPL or CPL (SPA) CPL or ATPL (MPA) Flight Engineer (MPA)

SPL (H) PPL or CPL (SPH) CPL or ATPL (MPH) Other (specify).....



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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 have presented the required photographic evidence of my identity.

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 license or the issue, renewal or revalidation of a rating, authorization or certificate, or the applicable Part-FCL Requirements, whether for that person or any other person.

6A. ASSESSOR 1 EVALUATION

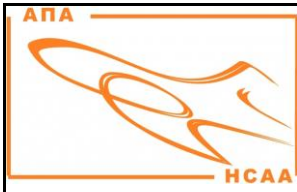
ICAO Headings:	Pronunciation	Grammar / Structure	Vocabulary	Fluency	Comprehension	Interaction
Level Result (Number):						
Overall Assessment is the Lowest Score in above Result Boxes (Minimum Pass is Level 4):						
Comments:						

6B. ASSESSOR 2 EVALUATION

ICAO Headings:	Pronunciation	Grammar / Structure	Vocabulary	Fluency	Comprehension	Interaction
Level Result (Number):						
Overall Assessment is the Lowest Score in above Result Boxes (Minimum Pass is Level 4):						
Comments:						

6C. ADDITIONAL ASSESSOR(S) EVALUATION (IF APPLICABLE)

ICAO Headings:	Pronunciation	Grammar / Structure	Vocabulary	Fluency	Comprehension	Interaction
Level Result (Number):						
Overall Assessment is the Lowest Score in above Result Boxes (Minimum Pass is Level 4):						
Comments:						



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7. OVERALL ASSESSMENT RESULT

ICAO Headings:	ASSESSOR 1	ASSESSOR 2	ADDITIONAL ASSESSOR (if applicable)
Level Result (Number):			
FINAL GRADE:			

I hereby declare that I have verified the required photographic evidence of the applicant's identity.

Form of photographic Identification presented:

- Driving license (State of Issue Document No.)
- Passport (State of Issue Document No.....)

Examiner's Signature Date

Examiner's Name (BLOCK CAPITALS) Examiner No.

SUBMISSION INSTRUCTIONS

Please, send your application along with the following attachments to info@hcaa.gov.gr with the following Subject: **PEL - ELP - (License Number if available & Last Name)** if you require only your ELP to be updated in your license and your license to be reissued

Please enclose the following:-

- e-Administrative Fee Code-eparavolo.
- LAB Certificate or equivalent or Assessor Certificate as applicable

Eparavolo Codes			
Initial PPL	8780	PPL Reissue	8781
Initial CPL	8782	CPL Reissue	8783
Initial ATPL	8784	ATPL Reissue	8785

In case you are submitting this application as part of another application, the eparavolo codes above do not apply. Only the eparavolo codes from the respective application apply.

For HCAA Use Only:			
Application Review:	Issue <input type="checkbox"/>	Do not Issue <input type="checkbox"/>	
Approved by HCAA Authorized Officer (Name):			
Signature:		Date:	