

Form No. PEL-FCL 320B
 Revision 1
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 Revision Date: 04/11/2024

**APPLICATION FOR THE ISSUE OF A
 PART-FCL COMMERCIAL PILOT LICENCE
 (AEROPLANE)**
 (Integrated Course ONLY)

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.

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 ALL FLIGHT CREW LICENCE(S) HELD OR PREVIOUSLY HELD

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

3. APPLICATION (tick as appropriate)

I am applying for the issue of a Part-FCL CPL(A) with* / without IR*, including the Class rating(s) indicated below;

Single-engine Piston (Land) Multi-engine Piston (Land) Other (please specify):.....

Type of course completed:

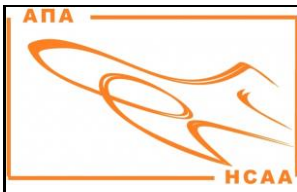
ATP Integrated Course CPL/IR Integrated Course CPL Integrated Course

4. CLASS 1 MEDICAL CERTIFICATE

State of Issue	Date of Medical	Expiry Date of Class 1 privileges	AME Name, Medical Centre & Location	AME No.	Details of any Limitations / Endorsements	HCAA use only

HCAA Use Only:

Application Review:	Issue <input type="checkbox"/>	Pending Items <input type="checkbox"/>	Do not Issue <input type="checkbox"/>
Pending Items			
Applicant Informed via	DMS <input type="checkbox"/>	TEL <input type="checkbox"/>	EMAIL <input type="checkbox"/>
License & Type Rating Issued:	Date:	Expiry Date:	Tick IF UPDATED <input checked="" type="checkbox"/>
Restrictions			
HCAA Authorized Personnel (Name):			
Signature:	Date:		



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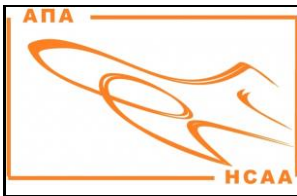
5. FLIGHT EXPERIENCE

	Hours completed on Integrated course	Credit given for flight time as holder of an ICAO PPL(A) / PPL(H) (if applicable)	HCAA use only
1. Total Flight Time			
(a) Pilot-in-Command (PIC)			
(b) Student Pilot-in-Command (SPIC)			
(c) Dual instruction (Pu/T) – in Aircraft			
(d) Dual instruction (Pu/T) – Instrument Ground Time			
Total			

2. Cross-Country Flight Time			HCAA use only
(a) Pilot-in-Command (PIC)			
(b) Student Pilot-in-Command (SPIC)			
Total			
(c) Date of a VFR cross-country flight as Pilot-in-Command of an aeroplane, totalling at least 540km (300NM) in the course of which full stop landings at two aerodromes different from the aerodrome of departure have been made	Date/...../.....		

3. Night Flight Time			HCAA use only
(a) Pilot-in-Command (PIC)			
(b) Dual instruction (Pu/T)			
(c) Dual cross-country navigation (Pu/T)			
Total			
(d) Solo take-offs & full stop landings	No.	No.	

4. Instrument Time			HCAA use only
(a) Dual instruction (Pu/T)			
(b) Student Pilot-in-Command (SPIC)			
(c) Instrument Ground Time – FNPT I			
(d) Instrument Ground Time – FNPT II			
(e) Instrument Ground Time – FFS			
(f) Instrument Ground Time – FTD 2			
MCC			
(g) Instrument Ground Time – FFS			
(h) Instrument Ground Time – FNPT II			
Total			



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6. DECLARATION OF COURSE COMPLETION (to be completed by the Head of Training)

I certify that (name) has completed an integrated course of training for the grant of a Commercial Pilot License (Aeroplane), the flight training for which, is summarized in Section 5. I further certify that I have examined the applicants flying logbook(s) and that the entries contained therein meet, in full, the flying experience requirements for the grant of a Part-FCL Commercial Pilot's License (Aeroplane) with*/ without* an Instrument Rating and has completed;

PBN theoretical knowledge course in accordance with FCL.615 of Annex I (Part-FCL) YES] NO]
 PBN flight training in accordance with FCL.615 of Annex I (Part-FCL) YES] NO]

Date course started: Date course completed:
 Approved Training Organization (ATO) ATO Approval No.
 Competent Authority issuing Approval
 Name of Head of Training
 Signature of Head of Training: Date:

7. THEORETICAL KNOWLEDGE

Level of examinations passed (e.g. CPL(A) or ATPL(A))	Member State under whose authority exams were passed	Date of final examination pass	Expiry date of examination pass	HCAA use only

8. ENGLISH LANGUAGE PROFICIENCY

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

9. CPL(A) 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 Commercial Pilot License (Aeroplane).

I have reviewed and applied the national procedures and requirements of the applicant's competent authority contained in the latest version of the Examiner Differences Document (*only applicable where the competent authority responsible for the applicant's license is not the same that issued the examiner's certificate*); **Examiners Differences Document Version**

I further certify that (Name) has passed the CPL(A) skill test, as follows;

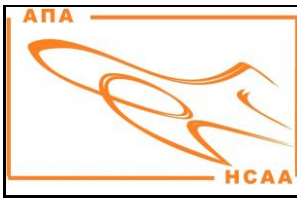
Pass date:/...../..... **Aircraft type:** **Aircraft registration:**

Examiner's Name: Examiner's 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'.



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10. IR 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 an Instrument Rating (Aeroplane).

I further certify that (name).....has passed the IR(A) skill test.

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

Has successful demonstration of competency in PBN YES] NO]

Examiner's Name: Examiner's 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'.

11. 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 issue a flight crew license (FCL), the administration and maintenance of said license and 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.

12. APPLICANT'S DECLARATION

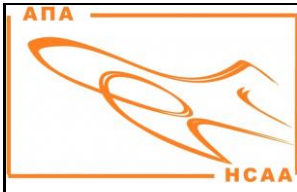
I hereby declare that: -

- 1) I do not hold a Part-FCL license issued by another Member State;
- 2) I have not applied for a Part-FCL license in another Member State;
- 3) I have never held a flight crew license, issued in 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

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, whether for that person or any other person.



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PART 2 – EXAMINER REPORT FOR CPL (A) SKILL TEST

Name of applicant: Date of Birth: (dd/mm/yyyy)

Attempt No.: Date of Test: Place of Test:

Applicant's signature:

I certify that I have examined the training records (as applicable) and pilot logbook(s) of (name) and that the entries contained therein meet, in full, the qualification, training and experience requirements for the initial issue of a Part-FCL Commercial Pilot License (Aeroplane). I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience.

Examiner's Name: Examiner Number:

Issuing Competent Authority: Date of Skill Test Notification to the HCAA:/...../.....
 (of Examiner Certificate)

Examiners signature:

Note: Examiners are reminded that they must complete Part 2 (Examiner report for CPL (A) skill test) and submit the original to the HCAA's Personnel Licensing Office as soon as practicable but at within 14 days of the date of skill test together with a copy of the 'Notification of Test' confirmation email (including signed declaration).

DETAILS OF FLIGHT(S)

Attempt No.

Date	Aircraft Type	Registration	Block Times		Duration
			Departure	Arrival	

Result: Pass Partial Pass Fail

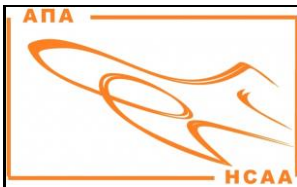
Partial pass / Fail only: If applicable, specify any further training requirement (hours) prior to re-test:
 A/C Sim/FNPT II Ground

Partial Pass Re-test

Date	Aircraft Type	Registration	Block Times		Duration
			Departure	Arrival	

Result: Pass Fail

Fail only
 If applicable, specify any further training requirement (hours) prior to the next attempt::
 A/C Sim/FNPT II Ground



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Name of applicant Date of Birth (dd/mm/yyyy)

SECTION 1 PRE-FLIGHT OPERATIONS AND DEPARTURE

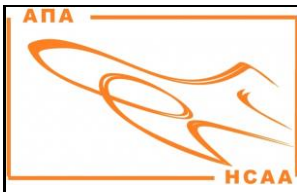
	Use of the aeroplane checklists, airmanship, control of the aeroplane by external visual reference, anti-icing/de-icing procedures and principles of threat and error management apply in all sections.	1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Pre-flight, including: Flight planning, Documentation, Mass and balance determination, Weather brief, NOTAMS					
b	Aeroplane inspection and servicing					
c	Taxiing and take-off					
d	Performance considerations and trim					
e	Aerodrome and traffic pattern operations					
f	Departure procedure, altimeter setting, collision avoidance (lookout)					
g	ATC liaison – compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	

SECTION 2 GENERAL AIRWORK

		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Control of the aeroplane by external visual reference, including straight and level, climb, descent, lookout					
b	Flight at critically low airspeeds including recognition of and recovery from incipient and full stalls					
c	Turns, including turns in landing configuration. Steep turns 45°					
d	Flight at critically high airspeeds, including recognition of and recovery from spiral dives					
e	Flight by reference solely to instruments, including:					
	(i) level flight, cruise configuration, control of heading, altitude and airspeed					
	(ii) climbing and descending turns with 10°–30° bank					
	(iii) recoveries from unusual attitudes					
	(iv) limited panel instruments					
f	ATC liaison – compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	

SECTION 3 EN-ROUTE PROCEDURES

		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Control of aeroplane by external visual reference, including cruise configuration Range/Endurance considerations					
b	Orientation, map reading					
c	Altitude, speed, heading control, lookout					
d	Altimeter setting. ATC liaison – compliance, R/T procedures					
e	Monitoring of flight progress, flight log, fuel usage, assessment of track error and re-establishment of correct tracking					



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SECTION 3 EN-ROUTE PROCEDURES

f	Observation of weather conditions, assessment of trends, diversion planning					
g	Tracking, positioning (NDB or VOR), identification of facilities (instrument flight). Implementation of diversion plan to alternate aerodrome (visual flight)					
<i>Result of Section (circle as applicable)</i>		Pass	Fail	Pass	Fail	

SECTION 4 APPROACH AND LANDING PROCEDURES

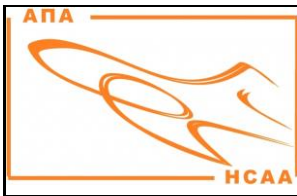
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Arrival procedures, altimeter setting, checks, lookout					
b	ATC liaison - compliance, R/T procedures					
c	Go-around action from low height					
d	Normal landing, crosswind landing (if suitable conditions)					
e	Short field landing					
f	Approach and landing with idle power (single-engine only)					
g	Landing without use of flaps					
h	Post flight actions					
<i>Result of Section (circle as applicable)</i>		Pass	Fail	Pass	Fail	

SECTION 5 ABNORMAL AND EMERGENCY PROCEDURES

	<i>This section may be combined with sections 1 through 4</i>	1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Simulated engine failure after take-off (at a safe altitude), fire drill					
b	Equipment malfunctions including alternative landing gear extension, electrical and brake failure					
c	Forced landing (simulated)					
d	ATC liaison - compliance, R/T procedures					
e	Oral questions					
<i>Result of Section (circle as applicable)</i>		Pass	Fail	Pass	Fail	

SECTION 6 SIMULATED ASYMMETRIC FLIGHT AND RELEVANT CLASS OR TYPE ITEMS

	<i>This section may be combined with sections 1 through 5</i>	1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Simulated engine failure during take-off (at a safe altitude unless carried out in an FFS)					
b	Asymmetric approach and go-around					
c	Asymmetric approach and full stop landing					



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SECTION 6 SIMULATED ASYMMETRIC FLIGHT AND RELEVANT CLASS OR TYPE ITEMS

d	Engine shutdown and restart					
e	ATC liaison – compliance, R/T procedures, Airmanship					
f	As determined by the FE — any relevant items of the class or type rating skill test to include, if applicable: (i) aeroplane systems including handling of autopilot					
	(ii) operation of pressurisation system					
	(iii) use of de-icing and anti-icing system					
g	Oral questions					
<i>Result of Section (circle as applicable)</i>		Pass	Fail	Pass	Fail	

Use of the aeroplane checklists, airmanship, control of the aeroplane by external visual reference, anti-icing/de-icing procedures and principles of threat and error management apply in all sections.

Note.
 The aeroplane used for the skill test shall meet the requirements for training aeroplanes and shall be certificated for the carriage of at least four persons, have a variable pitch propeller and retractable landing gear.

The route to be flown shall be chosen by the FE and the destination shall be a controlled aerodrome. The applicant shall be responsible for the flight planning and shall ensure that all equipment and documentation for the execution of the flight are on board. The duration of the flight shall be at least 90 minutes.

The applicant shall demonstrate the ability to:

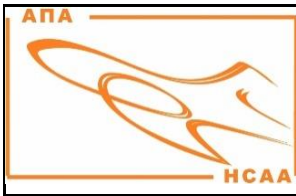
- a) operate the aeroplane within its limitations,
- b) complete all manoeuvres with smoothness and accuracy,
- c) exercise good judgement and airmanship;
- d) apply aeronautical knowledge; and
- e) maintain control of the aeroplane at all times in such a manner that the successful outcome of a procedure or manoeuvre is never seriously in doubt.

FLIGHT TEST TOLERANCES

4. The following limits shall apply, corrected to make allowance for turbulent conditions and the handling qualities and performance of the aeroplane used.

- Height
 - normal flight ± 100 feet
 - with simulated engine failure ± 150 feet
 - Tracking on radio aids $\pm 5^\circ$
- Heading
 - normal flight $\pm 10^\circ$
 - with simulated engine failure $\pm 15^\circ$
- Speed
 - take-off and approach ± 5 knots
 - all other flight regimes ± 10 knots

Items in section 2 (c) and (e)(iv), and the whole of sections 5 and 6 may be performed in an FNPT II or an FFS.



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GUIDANCE NOTES

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

Section 1 – Personal Details – to be completed by the applicant

Section 2 - Details of all Flight Crew License(s) held or previously held

Please enter details of any flight crew license(s) held.

Section 3 - Application

Please indicate the Class rating(s) for which you are applying, and the type of Integrated course completed. In case you are applying for CPL/IR, the examiner must fill Part 2(Skill Test) of **PEL-FCL- 420(A)** and attach it with this application.

Section 4 – Class 1 Medical Certificate

Please enter details of your valid Part-FCL Class 1 medical certificate.

Section 5 – Flight Experience

Please enter details of the flight training completed on the integrated course under each section. If credit was given for flight time as the holder of an ICAO PPL(A) or PPL(H), please enter the amount of credit given against each section, as applicable.

Section 6 – Declaration of Course Completion

This section must be completed by the ATO's Head of Training or nominated Deputy.

Section 7 – Theoretical knowledge

Please enter details of your Part-FCL theoretical knowledge examinations.

Section 8 – English Language Proficiency (ELP)

Please enter details of your ELP assessment.

Section 9 – CPL(A) skill test

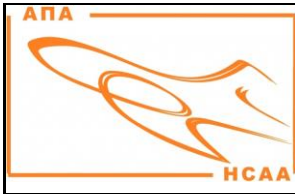
This section must be completed by the Examiner who conducted the CPL(A) skill test.

Section 10 – IR(A) skill test (if applicable)

This section must be completed by the Examiner who conducted the IR(A) skill test, if applicable.

Section 12 – 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

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)**

- Copy of any Flight Crew License(s) (all pages) held
- Copy of your valid Part-Med Class 1 Medical Certificate
- Copy of your Passport (State of Issue / Passport Number / Photograph page(s) only) or National Identity Card
- Copy of ATPL theoretical knowledge examination results
- All Pilot logbook(s)
- Course completion Certificate issued by your ATO
- English Language Proficiency Assessment form **PEL-FCL 270** (or local equivalent if completed with a non-HCAA ELP Assessor) e-Administrative Fee Code – eparavolo (1 per Flight Exam) 4619 & (Initial CPL) 4511

If applying for CPL/IR

- Attach Form **PEL-FCL 420(A) - (PART 2 ONLY – EXAMINER REPORT FOR IR(A) SKILL TEST)**

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