

Form. No. PEL-FCL 320H
 Revision 1
 Page No. 1 of 10
 Revision Date: 11/09/2023

**APPLICATION FOR THE ISSUE OF A
 PART-FCL COMMERCIAL PILOT LICENCE
 & SKILL TEST (HELICOPTER)
 (modular course only)**

NOTE: 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

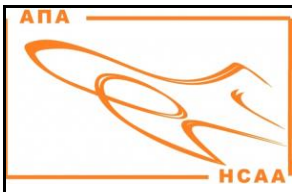
Contact Tel. No. Mobile Tel. No.

E-mail address Fax Number

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

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

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"/>	Date: <input type="text"/> <small>Tick IF UPDATED ✓</small>
Type Rating Issued:			Expiry Date:	
Restrictions				
HCAA Authorized Personnel (Name):				
Signature:			Date:	



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3. APPLICATION (tick as appropriate)

I am applying for the issue of a Part-FCL CPL(H), including the Type rating indicated below;

Type (please specify):

Type of course completed:

CPL(H) Modular reduced CPL(H) Modular

If a reduced CPL(H) Modular course has been completed, indicate below the basis for the reduction:-

ICAO CPL(H) / ATPL(H) Valid IR(H) Valid IR(A)

4. 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

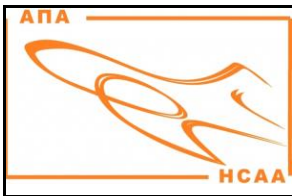
5. FLIGHT EXPERIENCE

	Part-FCL minima (Hours)	Hours completed	HCAA use only
1. Total flight time as pilot of helicopters	185 ¹		
2. Flight time as pilot-in-command of helicopters	50		
3.(a) VFR cross-country flight time as pilot of helicopters	10		
(b) Date of most recent Pilot-in-Command cross-country flight of not less than 185km (100nm) during which full stop landings at two aerodromes different from the aerodrome of departure have been made	N/A	Date...../...../.....	

¹ Other flight time will be credited as follows;

- as pilot-in-command of aeroplanes if the holder of a PPL(A) (max. credit 20 hrs)
- as pilot-in-command of aeroplanes if the holder of a CPL(A) (max. credit 50 hrs)
- as pilot in command of touring motor gliders or gliders (max. credit 10 hrs)
- as pilot-in-command of airships if the holder of a PPL(As) (max. credit 20 hrs)
- as pilot-in-command of airships if the holder of a CPL(As) (max. credit 50 hrs)

Credit claimed (Hours)	HCAA use only



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6. THEORETICAL KNOWLEDGE

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

7. ENGLISH LANGUAGE PROFICIENCY (ELP)

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

8. COURSE COMPLETION CERTIFICATE To be completed by the Head of Training

I certify that (name)has met the pre-requisite requirements in accordance with Appendix 3 to Part-FCL and has satisfactorily completed a modular course of training for the grant of a Commercial Pilot License (Helicopter). 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 (Helicopter).

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:

Training Course Summary (Complete as applicable)	Hours Completed
Dual visual flight instruction	
Dual Instrument flight instruction in Helicopters	
Dual Instrument flight instruction in Aeroplanes	
Instrument Ground time (Helicopter FTD 1 / FNPT I) (FSTD Identification No(s))	
COURSE TOTAL	

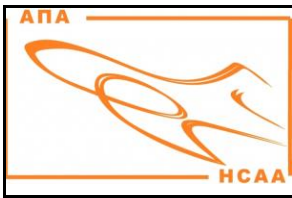
Note: If additional night flight instruction was given due to the applicant not holding a Night Rating at commencement of the course, please also complete HCAA form PEL-FCL 611H (Application for a Night Rating (Helicopter))

Approved Training Organization (ATO) ATO Approval No.

Competent Authority issuing Approval

Name of Head of Training

Signature of Head of Training: Date:



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9. CPL(H) 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 (Helicopter).

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(H) skill test.

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 Briefing' and 'Notification of Test'.

10. 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 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.

11. APPLICANT'S DECLARATION

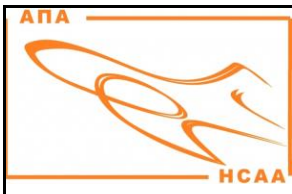
I hereby declare that:-

- 1) I do not hold a Part-FCL license issued by another EASA Member State;
- 2) I have not applied for a Part-FCL 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, authorization or certificate, whether for that person or any other person.



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PART 2 – EXAMINER REPORT FOR CPL (H) 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 (Helicopter). 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 (H) 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

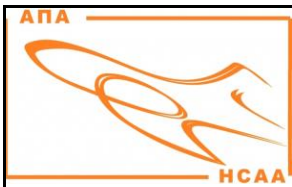
Partial pass / Fail only: If applicable, specify any further training requirement (hours) prior to re-test:
 A/C Sim/FNPT II Ground

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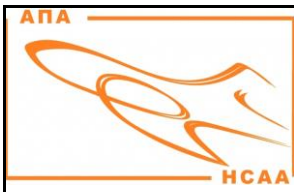
Name of applicant Date of Birth (dd/mm/yyyy)

SECTION 1 PRE-FLIGHT OR POST-FLIGHT CHECKS AND PROCEDURES

	Use of checklist, airmanship, control of helicopter by external visual reference, anti/de-icing procedures, etc. apply in all sections	1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Helicopter knowledge (e.g. technical log, fuel, mass and balance, performance), flight planning, documentation, NOTAMS, weather					
b	Pre-flight inspection/action, location of parts and purpose					
c	Cockpit inspection, starting procedure					
d	Communication and navigation equipment checks, selecting and setting frequencies					
e	Pre-take-off procedure, R/T procedure, ATC liaison-compliance					
f	Parking, shutdown and post-flight procedure					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	

SECTION 2 HOVER MANOEUVRES, ADVANCED HANDLING AND CONFINED AREAS

		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Take-off and landing (lift-off and touchdown)					
b	Taxi, hover taxi					
c	Stationary hover with head/cross/tail wind					
d	Stationary hover turns, 360° left and right (spot turns)					
e	Forward, sideways and backwards hover manoeuvring					
f	Simulated engine failure from the hover					
g	Quick stops into and downwind					
h	Sloping ground/unprepared sites landings and take-offs					
i	Take-offs (various profiles)					
j	Crosswind, downwind take-off (if practicable)					
k	Take-off at maximum take-off mass (actual or simulated)					
l	Approaches (various profiles)					
m	Limited power take-off and landing					
n	Autorotations (FE to select two items from — Basic, range, low speed, and 360° turns)					
o	Autorotative landing					
p	Practice forced landing with power recovery					
q	Power checks, reconnaissance technique, approach and departure technique					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	



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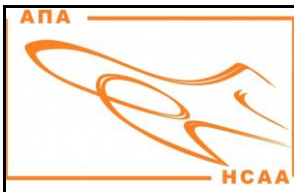
Name of applicant Date of Birth (dd/mm/yyyy)

Use of checklist, airmanship, control of helicopter by external visual reference, anti/de-icing procedures, etc. apply in all sections

SECTION 3 NAVIGATION AND EN-ROUTE PROCEDURES						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Navigation and orientation at various altitudes/heights, map reading					
b	Altitude/height, speed, heading control, observation of airspace, altimeter setting					
c	Monitoring of flight progress, flight log, fuel usage, endurance, ETA, assessment of track error and re-establishment of correct track, instrument monitoring					
d	Observation of weather conditions, diversion planning					
e	Tracking, positioning (NDB and/or VOR), identification of facilities					
f	ATC liaison and observance of regulations, etc.					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	

SECTION 4 FLIGHT PROCEDURES AND MANOEUVRES BY SOLE REFERENCE TO INSTRUMENTS						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Level flight, control of heading, altitude/height and speed					
b	Rate 1 level turns onto specified headings, 180° to 360° left and right					
c	Climbing and descending, including turns at rate 1 onto specified headings					
d	Recovery from unusual attitudes					
e	Turns with 30° bank, turning up to 90° left and right					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	

SECTION 5 ABNORMAL AND EMERGENCY PROCEDURES (SIMULATED WHERE APPROPRIATE)						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
	Note (1): Where the test is conducted on a multi-engine helicopter a simulated engine failure drill, including a single-engine approach and landing, shall be included in the test.					
	Note (2): The FE shall select 4 items from the following:					
a	Engine malfunctions, including governor failure, carburettor/engine icing, oil system, as appropriate					
b	Fuel system malfunction					
c	Electrical system malfunction					
d	Hydraulic system malfunction, including approach and landing without hydraulics, as applicable					
e	Main rotor and/or anti-torque system malfunction (FFS or discussion only)					
f	Fire drills, including smoke control and removal, as applicable					



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g	Other abnormal and emergency procedures as outlined in appropriate flight manual, including for multi-engine helicopters: Simulated engine failure at take-off: rejected take-off at or before TDP or safe forced landing at or before DPATO, shortly after TDP or DPATO.					
	Landing with simulated engine failure: landing or go-around following engine failure before LDP or DPBL, following engine failure after LDP or safe forced landing after DPBL.					
<i>Result of Section (circle as applicable)</i>		Pass	Fail	Pass	Fail	

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

Use of checklist, airmanship, control of helicopter by external visual reference, anti/de-icing procedures, etc. apply in all sections

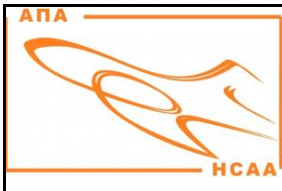
Note.
The helicopter used for the skill test shall meet the requirements for training helicopters.

The area and route to be flown shall be chosen by the FE and all low level and hover work shall be at an approved aerodrome/site. Routes used for section 3 may end at the aerodrome of departure or at another aerodrome and one destination shall be a controlled aerodrome. The skill test may be conducted in 2 flights. The total duration of the flight(s) shall be at least 90 minutes.

Items in section 4 may be performed in a helicopter FNPT or a helicopter FFS. Use of helicopter checklists, airmanship, control of helicopter by external visual reference, anti-icing procedures, and principles of threat and error management apply in all sections.

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

- Height
 - normal flight ± 100 feet
 - simulated major emergency ± 150 feet
 - Tracking on radio aids $\pm 10^\circ$
- Heading
 - normal flight $\pm 10^\circ$
 - simulated major emergency $\pm 15^\circ$
- Speed
 - take-off and approach multi-engine ± 5 knots
 - all other flight regimes ± 10 knots
- Ground drift
 - T.O. hover I.G.E. ± 3 feet
 - landing no sideways or backwards movement



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GUIDANCE NOTES & SUBMISSION INSTRUCTIONS

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

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 – Details of Existing Flight Crew License(s) held

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

Section 3 - Application

Please indicate the Type rating for which you are applying, the type of CPL(H) modular course completed, and the basis for any reduction given in the training course.

Section 4 – Class 1 Medical Certificate

Please enter details of your valid Part-MED Class 1 Medical Certificate.

Section 5 – Flight Experience

Please enter details of your flying experience in the relevant sections of the table. **Note:-** Credit for PIC flight time in an aircraft category other than Helicopters can only be claimed if you hold a pilot license, or equivalent privileges, for the appropriate category of aircraft.

Section 6 – 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 and may present a reason for delay of license issue due to the potential increased workload of other CAAs.

Section 7 – English Language Proficiency (ELP)

Please enter details of your ELP assessment.

Section 8 – Course Completion Certificate

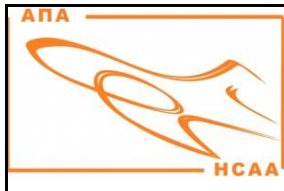
This section must be completed by the ATO's Head of Training or nominated Deputy. If a Night Rating was not held by the applicant at commencement of the CPL Modular course and the required additional night flying instruction was given, the Head of Training must also complete the course completion certificate on HCAA form PEL-FCL 611H (Application for a Night Rating (Helicopter)).

Section 9 – CPL(H) Skill Test

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

Section 11 – Applicant's Declaration

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



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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 Class 1 Medical Certificate
- Copy of your Passport or National Identity card as evidence of identity
- Copy of your Part-FCL theoretical knowledge examination results
- 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) 8808 & (Initial CPL) 8782

If Applicable

- Completed application form PEL-FCL 611H **(if a Night Rating was not held prior to commencing the CPL(H) Modular Course).**
- Copy of ICAO CPL(H) / ATPL(H) and validating medical certificate or valid IR(H) or valid IR(A), as applicable **(reduced CPL(H) modular course applicants ONLY)**
- Copy of relevant flight crew license(s) / qualification(s) and validating medical certificate(s), **(if claiming credit in Section 5 for flight experience in an aircraft category other than helicopters).**
- Copy of ATO Approval Certificate **(if CPL(H) Modular course is completed with a non-HCAA approved ATO).**
- Copy of the Flight Examiner's flight crew license and examiner certificate **(if skill test was completed with a non-HCAA certified Examiner)**
- Copy of the FSTD Qualification Certificate **(if a FSTD is used on the training course)**

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