



Part 1 – APPLICATION

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.

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):

Type of License held: License No.: Date of Birth (dd/mm/yyyy):

Permanent address (to be entered on the license):
 Postcode:

Contact Tel. No.: E-mail address:

Declaration: I understand that I am taking a Skill Test / Proficiency Check for the purpose(s) selected in section 2 below.

Applicant Signature: **Date:**

2. DETAILS OF EXISTING HCAA AND ICAO FLIGHT CREW LICENCE(S) HELD To be completed by the applicant

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

3. APPLICATION & DECLARATION To be completed by applicant

I hereby apply for the issue of a: (Tick✓)

Single-engine IR(A) / Multi-engine IR(A)

I declare that the information provided on this form is true to the best of my knowledge and belief.

Signature of Applicant: 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"/> Tick IF UPDATED ✓
Type Rating Issued:			Expiry Date:	
Restrictions				
HCAA Authorized Personnel (Name):				
Signature:			Date:	



4. EU PART-MED MEDICAL CERTIFICATE

To be completed by applicant

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

5. CROSS-COUNTRY FLIGHT TIME

To be completed by applicant

	Part-FCL minima (hours)	Hours completed	HCAA use only
Cross-country flight time as Pilot-in-Command in Aeroplanes	10		
Cross-country flight time as Pilot-in-Command of TMGs	-		
Cross-country flight time as Pilot-in-Command of Helicopters	-		
Cross-country flight time as Pilot-in-Command of Airships	-		
TOTAL	50		

6. IR(A) COURSE COMPLETION CERTIFICATE

To be completed by the ATO

This Certificate must be completed by the Head of Training (or nominated signatory) of the ATO that conducted the IR(A) course of training.

I certify that (name) has satisfactorily met the pre-requisite requirements and completed a course of training for issue of an Instrument Rating (Aeroplane), in accordance with Part-FCL (Annex I of Commission Regulation (EU) No 1178/2011 (as amended)), as detailed below and is hereby recommended for the skill test.

(Tick as applicable)

- a full IR(A) modular course of training for the initial issue of a SE IR(A) / ME IR(A)
- a reduced* IR(A) modular course of training for the initial issue of a SE IR(A) / ME IR(A)

*Course reduced on the basis of the applicant holding:

- Part-FCL CPL(A)
- Course Completion Certificate for the Basic Instrument Flight Module
- Part-FCL IR(H)
- Valid ICAO IR(A) (reduction permitted ONLY when conducted in accordance with the ATO training manual (HCAA approved ATOs only) or when determined in advance by the HCAA on the basis of a recommendation for training from an EASA ATO)
- a SE IR(A) to ME IR(A) course.



The course of training consisted of:

..... hours instrument time under instruction in a single-engine aeroplane
 hours instrument time under instruction in a multi-engine aeroplane
 hours instrument ground time in a FNPT I (EU-FSTD Identification No.....)
 hours instrument ground time in a FFS or FNPT II (EU-FSTD Identification No.)
 COURSE TOTAL (hours)

HCAA
only

Recommended for the IR(A) skill test by (Name): Lic. No.:

Name of Head of Training:

Signature of Head of Training: Date:

Approved Training Organization (ATO) ATO No.

Competent Authority of ATO

7. CERTIFICATE OF FURTHER TRAINING(if applicable) To be completed by the ATO

I certify that (name) has completed further training (where specified by the Examiner) following a previous partial pass or failure of the IR(A) skill test. I recommend the applicant for a IR(A) skill test.

Name of Head of Training:

Signature of Head of Training: Date:

Approved Training Organization (ATO) ATO No.

Competent Authority of ATO

8. IR THEORETICAL KNOWLEDGE To be completed by the applicant

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

9. ENGLISH LANGUAGE PROFICIENCY (ELP) To be completed by the applicant

ELP Level endorsed on HCAA Pilot License	Expiry date (if applicable)	HCAA use only

10. IR(A) SKILL TEST To be completed by the applicant

Date of IR(A) Skill Test pass	Name of Examiner	Examiner Number	Competent Authority of Examiner	HCAA use only

11. APPLICANT'S DECLARATION To be completed by the applicant

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

Applicant's Signature Date



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

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

Applicant's signature:

I certify that I have examined the training records and pilot logbook(s) of (name) and that the entries contained therein meet, in full, the pre-requisites and training requirements for the issue of a Part-FCL Instrument Rating (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:

DETAILS OF FLIGHT(S)

Attempt No.					
Date	Aeroplane Type / FSTD type	Registration / FSTD Qualification. No.	Block Times		Duration
			Departure	Arrival	

Result: Pass Partial Pass Fail

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

Comments

Partial Pass Re-test					
Date	Aeroplane Type / FSTD type	Registration / FSTD Qualification. No.	Block Times		Duration
			Departure	Arrival	

Result: Pass Fail

Fail only: If applicable, specify any further training required (hours) prior to the next attempt.
 A/C FSTD Ground

Comments



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

Use of checklist, airmanship, anti-icing/de-icing procedures, etc., apply in all sections

° Must be performed by sole reference to instruments

* May be performed in a FFS, FTD 2/3 or FNPT II

Section 1 – Pre-flight operations and departure						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Use of flight manual (or equivalent) especially a/c performance calculation, mass and balance					
b	Use of Air Traffic Services document, weather document					
c	Preparation of ATC flight plan, IFR flight plan/log					
d	Identification of the required navaids for departure, arrival and approach procedures					
e	Pre-flight inspection					
f	Weather Minima					
g	Taxiing					
h	PBN departure (if applicable): - Check that the correct procedure has been loaded in the navigation system; and - Cross-check between the navigation system display and the departure chart.					
i	Pre-take-off briefing, Take-off					
j(°)	Transition to instrument flight					
k(°)	Instrument departure procedures, including PBN departures, and altimeter setting					
l(°)	ATC liaison - compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature

Section 2 – General handling (°)						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Control of the aeroplane by reference solely to instruments, including: level flight at various speeds, trim					
b	Climbing and descending turns with sustained Rate 1 turn					
c	Recoveries from unusual attitudes, including sustained 45° bank turns and steep descending turns					
d(*)	Recovery from approach to stall in level flight, climbing/descending turns and in landing configuration					
e	Limited panel: stabilised climb or descent, level turns at Rate 1 onto given headings, recovery from unusual attitudes					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature



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

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

° Must be performed by sole reference to instruments

Section 3 – En-route IFR procedures(°)						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Tracking, including interception, e.g. NDB, VOR, or track between waypoints					
b	Use of navigation system and radio aids					
c	Level flight, control of heading, altitude and airspeed, power setting, trim technique					
d	Altimeter settings					
e	Timing and revision of ETAs (en-route hold, if required)					
f	Monitoring of flight progress, flight log, fuel usage, systems' management					
g	Ice protection procedures, simulated if necessary					
h	ATC liaison — compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature

Section 3a – Arrival procedures						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Setting and checking of navigational aids, if applicable					
b	Arrival procedures, altimeter checks					
c	Altitude and speed constraints, if applicable					
d	PBN arrival (if applicable): - Check that the correct procedure has been loaded in the navigation system; and - Cross-check between the navigation system display and the arrival chart.					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature



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

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

° Must be performed by sole reference to instruments

+ May be performed in either Section 5 or Section 6.

++ To establish or maintain PBN privileges one approach in either Section 4 or Section 5 shall be an RNP APCH. Where an RNP APCH is not practicable, it shall be performed in an appropriately equipped FSTD.

SECTION 4 (°) - 3D OPERATIONS (++)						
		1st Attempt		2nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Setting and checking of navigational aids Check Vertical Path angle For RNP APCH: - Check that the correct procedure has been loaded in the navigation system; and - Cross-check between the navigation system display and the approach chart.					
b	Approach and landing briefing, including descent/approach/landing checks, including identification of facilities					
c(+)	Holding procedure					
d	Compliance with published approach procedure					
e	Approach timing					
f	Altitude, speed heading control (stabilised approach)					
g(+)	Go-around action					
h(+)	Missed approach procedure/landing					
i	ATC liaison — compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature



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

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

° Must be performed by sole reference to instruments

+ May be performed in either Section 5 or Section 6.

++ To establish or maintain PBN privileges one approach in either Section 4 or Section 5 shall be an RNP APCH. Where an RNP APCH is not practicable, it shall be performed in an appropriately equipped FSTD.

SECTION 5 (°) - 2D OPERATIONS (++)						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Setting and checking of navigational aids For RNP APCH: - Check that the correct procedure has been loaded in the navigation system; and - Cross-check between the navigation system display and the approach chart.					
b	Approach and landing briefing, including descent/approach/landing checks, including identification of facilities					
c(+)	Holding procedure					
d	Compliance with published approach procedure					
e	Approach timing					
f	Altitude/Distance to MAPT, speed, heading control (stabilised approach), Stop Down Fixes (SDF(s)), if applicable					
g(+)	Go-around action					
h(+)	Missed approach procedure/landing					
i(+)	ATC liaison — compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature

Section 6 – FLIGHT WITH ONE ENGINE INOPERATIVE (multi-engine aeroplanes only) (°)						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Simulated engine failure after take-off or on go-around					
b	Approach, go-around and procedural missed approach with one engine inoperative					
c	Approach and landing with one engine inoperative					
d	ATC liaison — compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiners's signature



GUIDANCE NOTES

Guidance Notes for Part 1

All sections of Part 1 of the application form must be completed by the applicant personally, except where indicated.

In order for the HCAA to process the application as quickly as possible, it is important that the application form is completed correctly. Please complete the application form in conjunction with the following guidance notes.

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

Section 2 – Details of existing HCAA & ICAO Flight Crew License(s) held

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

Section 3 - Application

Please indicate which IR(A) you are applying for

Section 4 – EU Part-MED Medical Certificate

Please enter details of your valid EU Part-MED Class 1 or 2 Medical Certificate. Holders of a Class 2 medical certificate should also enter the Audiogram expiry date.

Section 5 – Cross-Country Flight Time

Please enter details of your cross-country flight time in the relevant sections of the table.

Section 6 – IR(A) Course Completion Certificate

This section must be completed by the Head of Training of the ATO.

Section 7 – Certificate of Further Training

This section must be completed by the Head of Training of the ATO where a previous attempt at the IR(A) skill test resulted in a partial pass or fail and the examiner specified the need for further training before re-test / further attempt.

Section 8 – IR Theoretical Knowledge

Please enter details of the theoretical knowledge examinations passed, or indicate EXEMPT if the holder of an EU Part-FCL IR(H). If the exams were NOT passed with the HCAA, the HCAA will verify the results with the EASA State under whose authority they were passed – note that some States require a written request from both applicant & the HCAA, as well as payment of a verification fee.

Section 9 – English Language Proficiency (ELP)

Please enter details of the ELP level endorsed on your HCAA pilot license, and if applicable, the expiry date.

Section 10 – IR(A) Skill Test

Please enter details of your skill test pass.

Section 11 – Applicant's Declaration

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



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 Pilot Logbooks
- Copy of your valid EU Part-MED Medical Certificate
- Copy of your theoretical knowledge examination results
- Complete copy of the ATO Approval Certificate, including attachments/appendices (Non-Hellenic ATOs)
- Complete copy of the Examiner's valid Part-FCL Pilot license and Examiner Certificate
- Copy of the Notification of Test confirmation email with the declaration signed by the Examiner.
- e-Administrative Fee Code-eparavolo

If Applicable

- Copy of the EU-FSTD Qualification Certificate(s) for each device used for training and/or skill test
- Course Completion Certificate for the Basic Instrument Flight Module (and copy of the ATO certificate, if completed with a different ATO)
- Copy of ICAO flight crew license with Instrument Rating endorsement (Temporary licenses/certificates are NOT accepted) **(ICAO IR(A) conversions ONLY)**
- Copy of relevant flight crew license(s) / qualification(s) and validating medical certificate(s) **(if claiming cross-country flight time in Section 5 in an aircraft category other than aeroplanes).**

Paravolo - Administrative Fee Code per Situation	
Initial CPL	4511 & 4619
CPL Re-issue (Renewal)	4512 & 4619
Initial PPL	4514 & 4619
PPL Renewal	4510 & 4619

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