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**PART-FCL INSTRUMENT RATING
 (HELICOPTER)**
**APPLICATION & SKILL TEST REPORT
 FORM**

5. IR(H) 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(H) 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 (Helicopter), 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(H) modular course of training for the initial issue of a SE IR(H) / ME IR(H)
 a reduced* IR(H) modular course of training for the initial issue of a SE IR(H) / ME IR(H)

*Course reduced on the basis of the applicant holding:

- Part-FCL CPL(H)
 Part-FCL PPL(H) with Night rating
 Part-FCL IR(A)
 valid ICAO IR(H) (reduction permitted ONLY when conducted in accordance with the ATO training manual) or when determined in advance by the HCAA on the basis of a recommendation for training from an EASA ATO)

a SE IR(H) to ME IR(H) course.

The course of training consisted of:		HCAA only
..... hours instrument time under instruction in a single-engine helicopter		
..... hours instrument time under instruction in an IFR-certificated single-engine helicopter		
..... hours instrument time under instruction in an IFR-certificated multi-engine helicopter		
..... hours instrument ground time in a FNPT I (H) or (A) (EU-FSTD ID No.....)		
..... hours instrument ground time in a helicopter FTD 2/3, FNPT II/III or FFS (EU-FSTD ID No.....)		
..... instruction time for IR(H) in an aeroplane <u>approved for this course</u>		
..... COURSE TOTAL (hours)		

Recommended for the IR(H) 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



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6. CERTIFICATE OF FURTHER TRAINING (if applicable)

To be completed by the ATO

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

Name of Head of Training:

Signature of Head of Training: Date:

Approved Training Organization (ATO) ATO No.

Competent Authority of ATO

7. CROSS-COUNTRY FLIGHT TIME

To be completed by the applicant

Note: Applicants who have completed an ATPL(H)/IR, ATP(H), CPL(H)/IR or CPL(H) integrated course do not need to complete this section

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

8. IR THEORETICAL KNOWLEDGE

To be completed by the applicant

Level of examinations passed (e.g. IR or ATPL(H)/IR)	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

To be completed by the applicant

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

10. IR(H) SKILL TEST

To be completed by the applicant

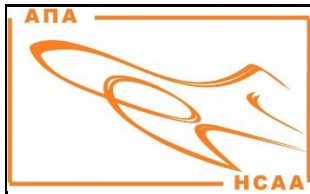
Date of IR(H) Skill Test pass	Name of Examiner	Examiner Number	Competent Authority of Examiner	HCAA use only

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



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PART 2 – EXAMINER REPORT FOR IR(H) 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 (Helicopter). I have made the applicant aware of the consequences of providing incomplete, inaccurate or false information related to their training and flight experience. 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 _____

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	Helicopter Type / FSTD type	Registration / FSTD ID No.	Test Condition (SP/MP)	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	Helicopter Type / FSTD type	Registration / FSTD ID No.	Test Condition (SP/MP)	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



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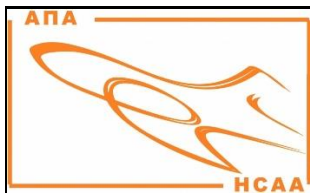
**PART-FCL INSTRUMENT RATING
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Name of Applicant Date of Birth (dd/mm/yyyy)

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

Section 1 – Departure						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Use of flight manual (or equivalent) especially aircraft 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/Air Taxi in compliance with ATC or instructions of instructor					
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, procedures and checks					
j	Transition to instrument flight					
k	Instrument departure procedures, including PBN procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiner's signature

Section 2 – General handling						
		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Control of the helicopter by reference solely to instruments, including:					
b	Climbing and descending turns with sustained Rate 1 turn					
c	Recoveries from unusual attitudes, including sustained 30° bank turns and steep descending turns					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiner's signature



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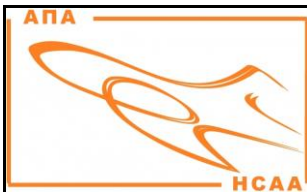
**PART-FCL INSTRUMENT RATING
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Name of Applicant Date of Birth (dd/mm/yyyy)

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

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, RNAV					
b	Use of radio aids					
c	Level flight, control of heading, altitude and airspeed, power setting					
d	Altimeter settings					
e	Timing and revision of ETAs					
f	Monitoring of flight progress, flight log, fuel usage, systems' management					
g	Ice protection procedures, simulated if necessary and if applicable					
h	ATC liaison — compliance, R/T procedures					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiner'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	Examiner's signature



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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

+ 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.

* To be performed in Section 4 or Section 5

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					
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	Examiner's signature



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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

- + 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.
- * To be performed in either Section 4 or Section 5.
- ** Multi-engine helicopter only
- *** Only one item to be tested

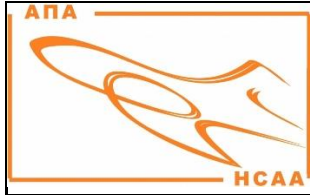
SECTION 5 - 2D OPERATIONS (+)

		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, and 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	Examiner's signature

Section 6 – ABNORMAL AND EMERGENCY PROCEDURES

This section may be combined with sections 1 through 5. The test shall have regard to control of the helicopter, identification of the failed engine, immediate actions (touch drills), follow-up actions and checks and flying accuracy, in the following situations

		1 st Attempt		2 nd Attempt		Comments
		Pass (✓)	Fail (✓)	Pass (✓)	Fail (✓)	
a	Simulated engine failure after take-off and on/during approach (**) (at a safe altitude unless carried out in an FFS or FNPT II/III, FTD 2/3)					
b	Failure of stability augmentation devices/hydraulic system (if applicable)					
c	Limited panel					
d	Autorotation and recovery to a pre-set altitude					
e	Precision approach manually without flight director (***) Precision approach manually with flight director (***)					
Result of Section (circle as applicable)		Pass	Fail	Pass	Fail	Examiner's signature



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FORM**

GUIDANCE NOTES & SUBMISSION INSTRUCTIONS

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(H) 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 – IR(H) Course Completion Certificate

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

Section 6 – Certificate of Further Training

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

Section 7 – Cross-Country Flight Time

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

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(A). 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)

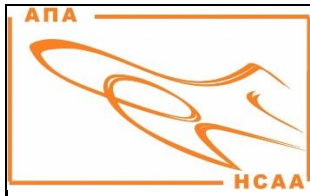
Please enter details of the ELP level endorsed on your HCAA pilot license, and if applicable, the expiry date.

Section 10 – IR(H) 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.



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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)**

Please upload the following:

- 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(H) 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 helicopters).**

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

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

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