

Form. No. PEL-FCL 527  
 Revision 1  
 Page No. 1 of 5  
 Revision Date: 11/09/2023

**APPLICATION FOR THE INITIAL ISSUE OF A  
 PART-FCL AIRLINE TRANSPORT  
 PILOT LICENCE  
 (AEROPLANE)**

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**

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 FLIGHT CREW LICENSE(S) HELD**

State of Issue	Type of License (e.g. CPL, ATPL etc)	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 ATPL(A), on the basis of;

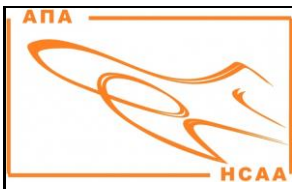
upgrade from a CPL(A)/IR  upgrade from a MPL   
 conversion of an ICAO ATPL(A)

**4. CLASS 1 MEDICAL CERTIFICATE**

State of Issue	Date of Medical Examination	Expiry Date of Class 1 privileges	AME Name, Medical Centre & City	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"/>
Type Rating Issued:	Date:	Expiry Date:	Tick IF UPDATED <input checked="" type="checkbox"/>
Restrictions			
HCAA Authorized Personnel (Name):			
Signature:	Date:		



**5. FLIGHT EXPERIENCE**

Please complete sections 1 to 7. (**NOTE:** Presented logbooks shall comply with the requirements of FCL.050 i.a.w 1178/2011)

1. TOTAL FLIGHT TIME	Part-FCL minima (Hrs)	Hours completed	HCAA use only
1. Total flight time as pilot of aeroplanes	1500 <sup>1</sup>		
2. Flight time in multi-pilot operations on aeroplanes ( <b>State Type(s) below</b> (Type(s).....))	500 <sup>2</sup> (state type(s))		
3. Please complete (a) or (b) or (c) as applicable			
(a) Flight time as pilot-in-command (min. 70 hours) <b>and</b> as pilot-in-command under supervision of aeroplanes	}250 <sup>3</sup>	PIC _____	
		PICUS _____	
<b>OR</b>			
(b) Flight time as pilot-in-command of aeroplanes	250 <sup>3</sup>		
<b>OR</b>			
(c) Flight time as pilot-in-command under supervision of aeroplanes	500 <sup>3</sup>		
4. Cross-country flight time as pilot of aeroplanes	200 <sup>4</sup>		
5. Cross-country flight time as pilot-in-command or pilot-in-command under supervision of aeroplanes	100 <sup>5</sup>		
6. Instrument time on aeroplanes	75		
7. Night flight time as pilot-in-command or co-pilot of aeroplanes	100 <sup>6</sup>		

<sup>1</sup> Other flight time will be credited as follows;

- as pilot of helicopters (max. credit 750 hrs)
- as pilot in command of touring motor gliders or gliders (max. credit 30 hrs)
- as flight engineer (counted at ½ rate – max. credit 250 hrs)
- FNPT and Flight Simulator time (max. FNPT credit 25 hrs – max. combined credit 100 hrs)

Credit claimed (Hours)	HCAA use only
(FNPT) _____	
(FS) _____	

<sup>2</sup> Other flight time will be credited as follows;

- multi-pilot operations on helicopters (max. credit 250 hrs) (State type(s).....)
- multi-pilot operations as flight engineer (counted at ½ rate - max. credit 250 hrs)


<sup>3</sup> (a) flight time as PIC or PICUS of helicopters will be credited up to a max. credit of 125 hrs (of which a max. of 35 hours can be credited against the min. PIC requirement)

(PIC) _____	
(PICUS) _____	

(b) flight time as PIC of helicopters will be credited up to a max. credit of 125 hrs

(c) flight time as PICUS of helicopters will be credited up to a max. credit of 250 hrs

<sup>4</sup> Cross-country flight time as pilot of helicopters will be credited up to a max. credit of 100 hrs

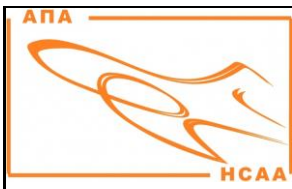
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<sup>5</sup> Cross-country flight time as pilot-in-command or pilot-in-command under supervision of helicopters will be credited up to a max. credit of 50 hrs

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<sup>6</sup> Night flight time as pilot-in-command or co-pilot of helicopters will be credited up to a max. credit of 50 hrs

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Form. No. PEL-FCL 527  
Revision 1  
Page No. 3 of 5  
Revision Date: 11/09/2023

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**6. ATPL(A) THEORETICAL KNOWLEDGE**

EASA Member State under whose authority exams were passed	Type of exams passed (State 'EASA', or 'National')	Date of final ATPL(A) examination pass	HCAA use only

**7. ATPL(A) SKILL TEST**

Date of ATPL(A) skill test proposed	Aircraft type	Aircraft registration / Simulator Code	Proposed Examiner	Examiner Number	HCAA use only

**8. ENGLISH LANGUAGE PROFICIENCY (ELP)**

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

**9. 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 application for the issue of an Airline Transport Pilot License (ATPL), the administration and maintenance of subsequent license 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.

**10. APPLICANT'S DECLARATION**

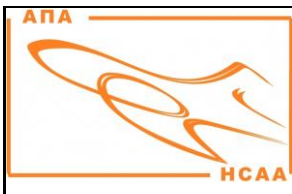
I hereby declare that:-

- 1) I do not hold a Part-FCL license issued by another Member State;
- 2) I have not applied for a Part-FCL 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.
- 4) My related aeromedical records are based in Greece and all recent copies of medical reports have been submitted by myAME.
- 5) I have read and understand the content of FCL.050 i.a.w 1178/2011 and my submitted logbooks comply with same.

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 licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.



Form. No. PEL-FCL 527  
Revision 1  
Page No. 4 of 5  
Revision Date: 11/09/2023

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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 Flight Crew License(s) held

Please enter details of any current or expired/lapsed flight crew license(s) (including foreign licenses) held.

#### Section 3 - Application

Please indicate the basis on which your application for the initial issue of a Part-FCL ATPL(A) is being made.

#### Section 4 – Class 1 Medical Certificate

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

**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**

#### Section 5 – Flight Experience

Please enter details of your flight experience in sections 1 to 7 of the table.

Credit for flight time in an aircraft category other than aeroplanes can only be claimed if you hold a pilot license, or equivalent privileges, for the appropriate category of aircraft.

#### Section 6 –ATPL(A) Theoretical Knowledge

Please enter details of the ATPL(A) theoretical knowledge examinations passed.

#### Section 7 – ATPL(A) Skill Test

Please enter details of your proposed ATPL(A) skill test.

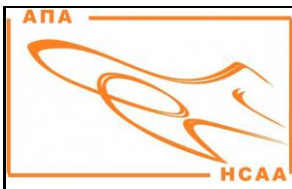
**Note:** - an ATPL(A) skill test will only be accepted for license issue if the examiner has reviewed the HCAA's National Procedures and has followed the designation procedure as stated in the Information Notice Number: LIC 01/2023.

#### Section 8 – English Language Proficiency

Please enter details of your most recent ELP assessment.

#### Section 10 – 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.



Form. No. PEL-FCL 527  
Revision 1  
Page No. 5 of 5  
Revision Date: 11/09/2023

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**SUBMISSION INSTRUCTIONS (see Guidance Notes)**

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

Please, send your application along with the following attachments to [info@hcaa.gov.gr](mailto:info@hcaa.gov.gr) with the following  
Subject: **PEL-FCL - ATPL (License Number if available & Last Name)**

Please upload the following:-

- All original flying logbooks. For electronic logbooks, please print all pages, each page to be signed by you as a true copy  
**Note:** original signatures of the aircraft Commander are required if claiming PICUS time - electronic signatures are not accepted
- Copy of your CPL(A) License
- Copy of Examiner's License
- Copy of Examiner's valid Part-MED Class 1 medical certificate.
- 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 ATPL(A) Theory Credit (**ICAO ATPL(A) conversions ONLY**)
- e-Administrative Fee Code – eparavolo 8784
- Copy of ICAO ATPL(A) and validating medical certificate (**ICAO ATPL(A) conversions ONLY**)
- Completed English Language Proficiency Ground Examination form PEL-FCL 270 (**ICAO ATPL(A) conversions ONLY**)
- Copy of 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.