

Please complete the form in BLOCK CAPITALS

1. PERSONAL DETAILS

Surname First Name(s)
 Title (Mr / Mrs / Ms etc) Date of Birth (dd/mm/yyyy)
 Licence Grade (CPL, MPL or ATPL) Licence Ref. No.:
 Permanent address
 Postcode
 Contact Tel. No. Mobile Tel. No.
 E-mail address
 Address for correspondence (if different from above)
 Postcode

2. DETAILS OF COMPLETION OF ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE

HCAA use only

2.1. Aircraft Type Rating which was issued (per EASA Type Rating List):

Complete either subsection 2.2 or 2.3 beneath as appropriate (not both)

Subsection 2.2

2.2.1. Name/Approval No./Address of ATO company which also holds separate AOC to conduct commercial air transport operations:-

Name..... ATO Approval No.:

Address:

Subsection 2.3 (Refer Guidance Note 2.2)

2.3.1. Name/Approval No./Address of ATO company having a specific arrangement with a separate company (named at 2.3.2 below) which holds an AOC (or equivalent authorization) to conduct commercial air transport operations:-

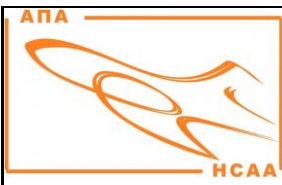
Name..... ATO Approval No.:

Address:

2.3.2. Name/AOC No./Address of AOC-holding commercial air transport operator having specific arrangement with ATO (named at 2.3.1 above):-

Name..... AOC No.:

Address:



Form. No. PEL-FCL 533
 Revision 1
 Page No. 2 of 4
 Revision Date: 11/09/2023

APPLICATION BY PILOTS FOR REMOVAL OF OPERATOR RESTRICTION FROM TYPE RATING ISSUED ON THE BASIS OF APPROVED ZFTT TRAINING

2. DETAILS OF COMPLETION of ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE (contd)

2.4 Date of completion of the skill test or date of completion of other appropriate refresher training provided by the operator (where LIFUS commencement is delayed beyond 21 days) :-

HCAA use only

Date:

Signature of Head of Training of ATO:

(Name of HoT – block caps):

2.5 Date of completion of six take-offs and landings in an FSTD (not later than 21 days after the completion of the skill test or other appropriate refresher training) under the supervision of a type rating instructor for aeroplanes (TRI(A)) occupying the other pilot seat:-

Date:

Signature of TRI(A) :

(Name of TRI(A) – block caps): TRI(A) Licence Ref.No.:

2.6 Certification by the TRI(A) that the trainee is fully competent with the exterior inspection of the aeroplane before conducting such an inspection un-supervised.

Signature of TRI(A) :

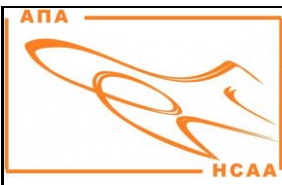
(Name of TRI(A) – block caps): TRI(A) Licence Ref.No.:

2.7 Date of commencement of line flying under supervision (LIFUS)

Date:

Signature of Head of Training of ATO :

(Name of HoT – block caps):



2. DETAILS OF COMPLETION of ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE (contd)

<p>2.8 Date of completion of the first four take-offs and landings of the LIFUS in the aeroplane under the supervision of a TRI(A) occupying the other pilot seat</p> <hr/> <p>Date of take-off/landing No. 1:</p> <p>Signature of TRI(A) :</p> <p>(Name of TRI(A) – block caps): TRI(A) Licence Ref.No.:</p> <hr/> <p>Date of take-off/landing No. 2:</p> <p>Signature of TRI(A) :</p> <p>(Name of TRI(A) – block caps): TRI(A) Licence Ref.No.:</p> <hr/> <p>Date of take-off/landing No. 3:</p> <p>Signature of TRI(A) :</p> <p>(Name of TRI(A) – block caps): TRI(A) Licence Ref.No.:</p> <hr/> <p>Date of take-off/landing No. 4:</p> <p>Signature of TRI(A) :</p> <p>(Name of TRI(A) – block caps): TRI(A) Licence Ref.No.:</p>	<p>HCAA use only</p>
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3. APPLICATION FOR REMOVAL OF OPERATOR RESTRICTION FROM ZFTT TYPE RATING ISSUED

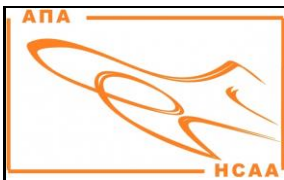
APPLICATION: I hereby apply for removal of the operator restriction from the above-named Type Rating endorsed on my Part-FCL license on the basis of the completion of all of the above training requirements.

DECLARATION: I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief. I am aware that any incorrect information given could disqualify me from being granted a flight crew license, certificate, rating, or authorization or result in revocation if discovered after issue of same.

Applicant's Signature: **Date:**

(Name – block caps): **License Ref.No.:**

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.



4. GUIDANCE NOTES

In order for the HCAA to process your application as quickly as possible, it is important that the application form is completed correctly and legibly. You should be aware that the process can take up to **3 weeks** to complete.

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

Section 1 – PERSONAL DETAILS

To be completed by applicant

Section 2 – DETAILS OF COMPLETION of ZERO FLIGHT-TIME TRAINING (ZFTT) COURSE

2.1 Please make sure that all entries are completed legibly by the Head of Training or TRI(A) as appropriate. Do not forward the Form to the HCAA if you are unable to complete any of the required entries – you should revert back to the Head of Training of the ATO or relevant TRI(A) for assistance.

2.2 Where ZFTT training is provided in accordance with EU Reg. 1178/2011, ANNEX VII [PART-ORA], SUBPART ATO, SECTION III, Chapter 2, para. ORA.ATO.330 –“General” subpara.(a) – i.e. by a “specific arrangement” between separate ATO and AOC holding companies, a copy of such “specific arrangement” must have been submitted to and accepted by the HCAA before ZFTT training commenced.

Section 3 – APPLICATION & DECLARATION

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

5. SUBMISSION INSTRUCTIONS

Please, send your application along with the following attachments to info@hcaa.gov.gr with the following

Subject: PEL-FCL- ZFTT (License Number if available &Last Name)

Please upload the following:

e-Administrative Fee Code – eparavolo (The one you submitted with your last PEL-FCL 540 application for the Type Rating endorsement)

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"/>
Remove ZFTT Restriction	<input type="checkbox"/>				
HCAA Authorized Personnel (Name):					
Signature:				Date:	