



Form. No. PEL-FCL 611A  
Revision 1  
Page No. 1 of 2  
Revision Date: 11/09/2023

**APPLICATION FOR THE ISSUE OF A  
NIGHT RATING  
(AEROPLANE & TMG ONLY)**

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 LICENCE(S) HELD

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

### 3. COURSE COMPLETION CERTIFICATE

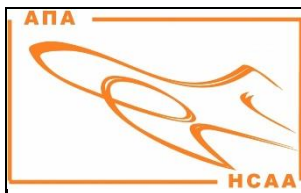
**This Certificate must be signed by the Head of Training (or nominated Deputy) of the Approved Training Organization (ATO) that conducted the course of training.**

I certify that..... has satisfactorily completed a course of training in accordance with FCL.810(a) for the issue of a Night Rating. The course consisted of:

	Part-FCL qualifying hours	Hours completed	HCAA use only
Total flight training at night	<b>5</b>		
Dual instruction at night	<b>3</b>		
Dual instruction in cross-country navigation at night	<b>1</b>		
Dual cross-country flight of at least 50km		Date: .....	
<b>LAPL(A) holders only:</b> PPL Basic instrument flight training	<b>No min.</b>		

	Part-FCL qualifying minima	No. completed	HCAA use only
Solo take-offs and landings	<b>5</b>		

Signature ..... Date .....  
Name (BLOCK CAPITALS) ..... Position .....  
Name of ATO ..... ATO No. ....



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**APPLICATION FOR THE ISSUE OF A  
 NIGHT RATING  
 (AEROPLANE & TMG ONLY)**

**APPLICATION & DECLARATION**

I hereby apply for the issue of a Night rating.

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 .....

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, authorization or certificate, whether for that person or any other person.

**GUIDANCE NOTES & SUBMISSION INSTRUCTIONS**

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**

The permanent address will be entered on your license.

**Section 2 – Details of Flight Crew License(s) held**

Please enter details of the flight crew license(s) held.

**Section 3 – Course Completion Certificate**

This Section must be completed by the Head of Training (or nominated Deputy) of the ATO that conducted the course of training.

**Section 4 – Application & Declaration**

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

**SUBMISSION INSTRUCTIONS**

Please, send your application along with the following attachments to [info@hcaa.gov.gr](mailto:info@hcaa.gov.gr) with the following

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

Please upload the following:-

- Original flying logbook(s)
- e-Administrative Fee Code - eparavolo 8780 (Initial PPL) or 8781 (Re-issue PPL) or 8782 (Initial CPL) or 8783 (Re-issue CPL)

**If applicable;**

- Copy of your Aeroplane License, if credit has been given in Section 5 for holding, or having held, an IR(A).
- Copy of ATO Approval Certificate (including any appendices) **(If course is completed at a non-HCAA approved ATO).**

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 ✓
Type Rating Issued:				Expiry Date:	
Restrictions					
HCAA Authorized Personnel (Name):					
Signature:				Date:	