

Form Ref. PEL-FCL 800
Revision 1
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Revision Date: 11/09/2023

EXAMINER CERTIFICATE

APPLICATION & ASSESSMENT FORM

ISSUE / RE-VALIDATION / RENEWAL / EXTENSION OF PRIVILEGES

Part 1 – APPLICATION

This form is intended for applicants for an EXAMINER CERTIFICATE issued in accordance with EU Reg. 2018/1139 and (EU) 1178/2011 as amended. **Do not submit this application for Initial Issue unless you qualify for the following Examiner categories as per ANNEX I (PART-FCL) FCL.1000, FCL.1010, FCL.1010.FE, FCL.1010.TRE, FCL.1010.CRE, FCL.1010.IRE, FCL.1010.SFE, FCL.1010.FIE**

Please complete the form in **BLOCK CAPITALS**.

1. PERSONAL DETAILS – EXAMINER APPLICANT

Surname..... First Name(s).....
Title (Mr / Mrs / Ms etc) Date of Birth (dd/mm/yyyy)
Nationality.....
Permanent address.....
.....
Contact Tel. No. Mobile Tel. No.
E-mail address.....
Date of Application: / /

2. APPLICATION (tick as appropriate) (Ref FCL.1000)

I am applying for the: (Tick ✓) Initial Issue Re-validation Renewal or extension of privileges
of the Examiner Certificate indicated below:

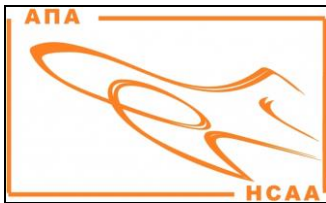
(TRE) <input type="checkbox"/>	(SFE) <input type="checkbox"/>	(FE) <input type="checkbox"/>	(IRE) <input type="checkbox"/>	(CRE) <input type="checkbox"/>	(FIE) <input type="checkbox"/>
Aircraft Type(s) or Class(s)					

3. DETAILS OF EXAMINER APPLICANT'S VALID LICENCE or EXPIRED LICENCE (SFE)

License Grade	License Ref. No	Expiry Date (if applicable)	Type Rating or LPC	Expiry Date

4. DETAILS OF EXAMINER APPLICANT INSTRUCTOR CERTIFICATE(S) HELD

Type / Privileges of Instructor Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator only etc.)



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EXAMINER APPLICANT NAME:

5. DETAILS OF EXAMINER APPLICANT EXAMINER CERTIFICATE(S) HELD

Type / Privileges of Examiner Certificate	Certificate Expiry Date	Restrictions (e.g. Simulator only etc.)

6. FLYING EXPERIENCE (Initial Issue Only)

Flight Time as Pilot of Aircraft applicable to this application (state Type / Class)	Total Flight Time as PIC on Aircraft applicable to this application

7. FLYING EXPERIENCE AS INSTRUCTOR (Initial Issue Only)

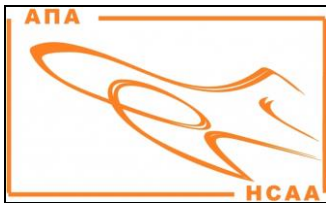
1. Type of Instruction	Hours	2. Type of Instruction	Hours	3. Type of Instruction	Hours

8. REVALIDATION (FCL.1025)

1. State the No. of Skill Tests / Proficiency Checks / Assessments of Competence conducted during the validity period of the examiner authorization held	
2. Date/Place of attendance at HCAA Approved Examiner Refresher Seminar (must in the period of 12 months immediately preceding the expiry date of the certificate)	
3. Date/Place of Assessment of Skill Test / Proficiency Check conducted in last year of certificate validity. (See PART 2 of this form)	

9. RENEWAL (to be completed for Examiner Renewal applications only)

1. Date/Place of attendance at HCAA Approved Examiner Refresher Seminar (in the period of 12 months immediately preceding the application for the renewal)	
2. Date/Place of Assessment of Competence (FCL.1020) (See PART 2 of this form)	



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10. DECLARATION OF COURSE COMPLETION (FCL.1015) (Initial Issue Only)

Approved Training Organization (ATO):		ATO Approval No:	
ATO Approval issued by:			
I certify that (name) has: successfully completed the (Insert Company Name) Examiner Standardization course, approved through an arrangement with the Hellenic Civil Aviation Authority.			
HCAA Inspector / Senior Examiner:			
Signature:		Date:	

11. 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 certification as an Examiner, the administration and maintenance of subsequent certification 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. ARA.FCL.205 (b) requires a list of examiners be published.

12. EXAMINER APPLICANT'S DECLARATION

I declare that:

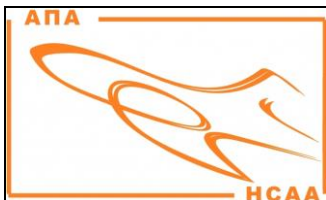
1. I do not hold a Part-FCL Examiner Certificate issued in another Member State
2. I have not applied for any Part-FCL Examiner Certificate in another Member State
3. I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended.

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

Examiner Applicant

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



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Part 2 – ASSESSMENT

EXAMINER APPLICANT NAME:	
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Please complete the form in **BLOCK CAPITALS**

A. Declaration by the Examiner Applicant: I understand that I am undertaking an Assessment of Competence in the role of Examiner and must pass Sections 1 through 6 of Part B.

Examiner Applicant Signature:		DATE:	
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B. EXAMINER ASSESSMENT OF COMPETENCE REPORT FORM

Section 1 BRIEFING THE CANDIDATE (AMC1 FCL.1020 – (d))

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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Note: The 'candidate' should be given time and facilities to prepare for the test flight. The briefing should cover the following (as applicable):

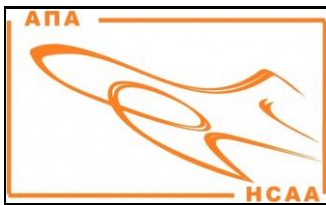
1	the objective of the flight			
2	licensing checks, as necessary			
3	freedom for the 'candidate' to ask questions			
4	operating capacity of 'candidate'			
5	aims to be identified by 'candidate'			
6	simulated weather assumptions (for example icing and cloud base)			
7	contents of exercise to be performed			
8	agreed speed and handling parameters (e.g. V-speeds, approach minima)			
9	respective roles of examiner			

Section 2 CONDUCT OF TEST (AMC1 FCL.1020 – (e))

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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Note: The examiner applicant should maintain the necessary level of communication with the 'candidate'. The following check details should be followed by the examiner applicant (as applicable):

1	the need to give the 'candidate' precise instructions			
2	responsibility for safe conduct of the flight			
3	intervention by examiner, when necessary			
4	Use of R/T			
5	keeping brief, factual and unobtrusive notes			



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EXAMINER APPLICANT NAME:

Section 3 ASSESSMENT (AMC1 FCL.1020 – (f))

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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Note: The examiner applicant should refer to the flight test tolerances given in the relevant skill test or proficiency check. Attention should be paid to the following points (as applicable):

1	questions from the 'candidate'			
2	give results of the test and any sections failed			
3	give reasons for failure			

Section 4 DEBRIEFING (AMC1 FCL.1020 – (g))

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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NOTE: The examiner applicant should demonstrate to the inspector the ability to conduct a fair, unbiased debriefing of the 'candidate' based on identifiable factual items. A balance between friendliness and firmness should be evident. The following points should be discussed with the 'candidate', at the applicant's discretion:

1	advise the candidate on how to avoid or correct mistakes			
2	mention any other points of criticism noted			
3	give any advice considered helpful			

Section 5 RECORDING OF DOCUMENTATION (AMC1 FCL.1020 – (h))

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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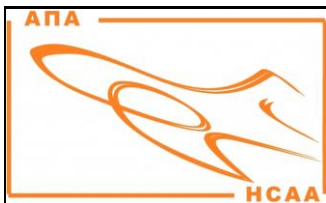
NOTE: The examiner applicant should demonstrate to the inspector the ability to complete the relevant records correctly. These records may be:

1	the relevant test or check form			
2	licence entry			
3	notification of failure form			
4	relevant company forms where the examiner has privileges of conducting operator proficiency checks			

Section 6 DEMONSTRATION OF THEORETICAL KNOWLEDGE (AMC1 FCL.1020 – (i))

Item No.	Description	Pass (Tick ✓)	Fail (Tick ✓)	Comments
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1	The examiner applicant should demonstrate to the inspector a) satisfactory knowledge of the regulatory requirements associated with the function of an examiner			
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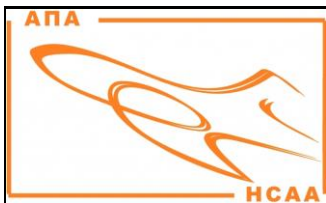
EXAMINER APPLICANT NAME:

C. EXAMINER COMPETENCIES (FSTD ONLY)

(Tick ✓) As applicable

Competence	1 (Improvement required)	2 (Basic Standard)	3 (Good)	4 (Very Good)
Briefing	Lack of Preparation <input type="checkbox"/>	Invites Questions <input type="checkbox"/>	Good Introduction <input type="checkbox"/>	Generates a high level of engagements with Crew <input type="checkbox"/>
	Lacking Briefing Introduction <input type="checkbox"/>	Generates relaxed atmosphere <input type="checkbox"/>	Identifies the needs of the Crew <input type="checkbox"/>	Responds to the needs of the Crew <input type="checkbox"/>
	Lack of crew interaction <input type="checkbox"/>	Briefs all items required by Examiners Manual/Handbook <input type="checkbox"/>	Delivers the Examiners Manual/Handbook element without change of style <input type="checkbox"/>	Defines clearly what is expected of the Crew <input type="checkbox"/>
	Interaction with Crew below Std. <input type="checkbox"/>	Provides all required documentation <input type="checkbox"/>	Uses facilitation appropriately. <input type="checkbox"/>	Very responsive to questions <input type="checkbox"/>
	Little or no reference to H&S(Health & Safety) <input type="checkbox"/>	Introduces NOTECHS <input type="checkbox"/>	Clear structure and clarity for all visual aid work <input type="checkbox"/>	All visual aids support and enhance the briefing and teaching points <input type="checkbox"/>
	Use of visual aids to support teaching points <input type="checkbox"/>	Includes NOTECHS seamlessly in all areas <input type="checkbox"/>		
	Identifies H&S Requirements <input type="checkbox"/>			
Simulator Operation	Limited Familiarity with IOS <input type="checkbox"/>	Checks simulator log and approvals <input type="checkbox"/>	Crew enters simulator with the correct scene set <input type="checkbox"/>	Very realistic scenarios <input type="checkbox"/>
	Irregular observation of Crew <input type="checkbox"/>	Efficient use of IOS <input type="checkbox"/>	Introduces failures appropriate to Crew actions <input type="checkbox"/>	Role play of other agents responsive to Crew's actions <input type="checkbox"/>
	Incorrect R/T <input type="checkbox"/>	Presents repositions to crew correctly <input type="checkbox"/>	Adjusts 'running sequence' to optimize time management <input type="checkbox"/>	Clarity of Examiner/Instructor Role <input type="checkbox"/>
	Distracted by IOS at key moments <input type="checkbox"/>	Correctly sequences failures <input type="checkbox"/>	Identifies Crew or Individual fatigue <input type="checkbox"/>	Comprehensive observation/notes <input type="checkbox"/>
	Limited note taking <input type="checkbox"/>	Accurate observation of Faults <input type="checkbox"/>		High level of flexibility to the training/checking plan <input type="checkbox"/>
	Inappropriate use of freezes and -repositions <input type="checkbox"/>	Effective note taking <input type="checkbox"/>		
	Overloading all failures <input type="checkbox"/>			
Poor Radar Vectoring <input type="checkbox"/>				
Assessment	Standard not correctly applied <input type="checkbox"/>	Correct assessment <input type="checkbox"/>	Skilled use of Repeats and Retests for maximum value to Crew <input type="checkbox"/>	Fully at ease with assessing the required standards and identifying this to Crew <input type="checkbox"/>
	Lack of evidence to support assessment <input type="checkbox"/>	Applies Repeats and Retests <input type="checkbox"/>		
Debrief	Result not clearly stated <input type="checkbox"/>	Clear statement of results <input type="checkbox"/>	Starts with an introduction <input type="checkbox"/>	Allows the crew drive the Agenda with the examiner controlling the Agenda <input type="checkbox"/>
	Chronological <input type="checkbox"/>	Clear prioritization of Faults <input type="checkbox"/>	At ease with facilitation to move the debrief in the required direction <input type="checkbox"/>	Achieves agreement of Crew <input type="checkbox"/>
	No prioritization of faults <input type="checkbox"/>	Holds the Agenda <input type="checkbox"/>	Draws common faults together <input type="checkbox"/>	Seamless integration of the NOTECHS-into all aspects of the operation <input type="checkbox"/>
	Little opportunity for crew to review their own performance <input type="checkbox"/>	Some use of facilitation <input type="checkbox"/>	Links NOTECHS into the result of the check <input type="checkbox"/>	Crew leave with Clear & Concise - learning points <input type="checkbox"/>
	Nitpicking <input type="checkbox"/>	Integration of NOTECHS <input type="checkbox"/>	Balances praise and criticism <input type="checkbox"/>	
	Supports company SOPs <input type="checkbox"/>	Generation of Summary <input type="checkbox"/>		
Regulation	Insufficient knowledge of Examiners Manual/Handbook and Part FCL/OPS <input type="checkbox"/>	Adequate knowledge and application of Examiners Manual/Handbook and Part FCL/OPS <input type="checkbox"/>	Thorough working knowledge of applicable regulations and documentation <input type="checkbox"/>	Clear and detailed knowledge of all relevant EASA regulations and HCAA documentation <input type="checkbox"/>
	Poor understanding of privileges held <input type="checkbox"/>	Understanding Privileges held <input type="checkbox"/>		

INSPECTOR'S OBSERVATION/COMMENTS:



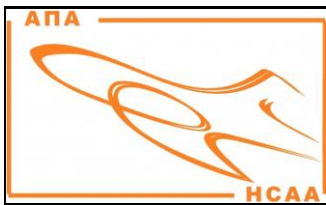
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EXAMINER APPLICANT NAME:

D. NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE

Examiner Applicant Name:							
Aircraft Reg or FSTD ID No.:			LOCATION:				
Time OFF Blocks:		Time ON Blocks:		TOTAL Time:			
Candidate(s) Observed under Test / Check	Name(s)	License Number(s) EL.FCL.	Results (Tick ✓)				
(i) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)			PASS	PARTIAL PASS	FAIL		
(ii) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)			PASS	PARTIAL PASS	FAIL		
Specify Type of Test / Check conducted by Examiner Applicant (Tick ✓)		AoC <input type="checkbox"/>	LPC <input type="checkbox"/>	LST <input type="checkbox"/>	OPC <input type="checkbox"/>		
RESULT (Tick ✓)	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>	If result is Fail, report details in Section E.		
EXAMINER APPLICANT							
Signature:			Date:				
HCAA INSPECTOR / SENIOR EXAMINER:							
I hereby certify completion of the Competency Assessment for Examiner Privileges for the above-named Examiner Applicant:							
Name: (Block Capitals)							
Signature:		Date:					



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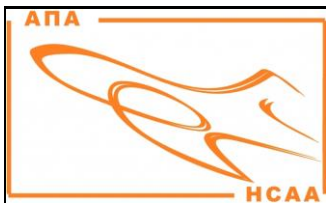
EXAMINER APPLICANT NAME:

E. HCAA INSPECTOR / SENIOR EXAMINER'S REPORT

Please enter any relevant details:

For HCAA Use Only:

Examiner Certificate Application Review:	Issue <input type="checkbox"/>	Do Not Issue <input type="checkbox"/>
If Not Issued – Enter Reason Here:		
NEW CERTIFICATE EXPIRY DATE:		
Restrictions:		
HCAA Authorized Personnel (Name):		
Signature:		Date:



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F. GENERAL GUIDANCE TO EXAMINER APPLICANTS

Examiners assessment of competence (see AMC1 FCL.1020)

1. Applicants for an examiner certificate shall demonstrate their competence to an inspector from the Hellenic Civil Aviation Authority or a senior examiner specifically authorized to do so by the HCAA through the conduct of a skill test, proficiency check or assessment of competence in the examiner role for which privileges are sought, including briefing, conduct of the skill test, proficiency check or assessment of competence, and assessment of the person to whom the test, check or assessment is given, debriefing and recording documentation.
2. An inspector of the HCAA or a senior examiner will observe the examiner applicant conducting a test on a 'candidate' in a Full Flight Simulator (FFS) for which examiner certificate is sought. Items from the related training course and test or check schedule will be selected by the inspector for examination of the 'candidate' by the examiner applicant. Having agreed with the inspector the content of the test, the examiner applicant will be expected to manage the entire test. This will include briefing, the conduct of the flight, assessment and debriefing of the 'candidate'. The inspector will discuss the assessment with the examiner applicant before the 'candidate' is debriefed and informed of the result.
3. A line crew or crew member under check will form the 'candidate(s)' under check. The Inspector from the HCAA or Senior Examiner will be ultimately responsible for the conduct of the check and is the Authorized Examiner for the test, check, or assessment of competence.
4. During the skill test or proficiency check the TRE applicant occupies the Instructor Operation Station in a Full Flight Simulator (FFS).

G. SUBMISSION INSTRUCTIONS & PAYMENT

Please, send your application along with the following attachments to info@hcaa.gov.gr with the following
Subject: **PEL-FCL – EXAMINER (License Number & Last Name)**

- All original Flying logbooks
- Copy of your valid Part-MED Class 1 or Class 2 Medical Certificate (as applicable)
- Copy of your Passport or National Identity card as evidence of identity
- Original Criminal Record (Up to 6 months before applying)
- Up to date Curriculum Vitae
- e-Administrative Fee Code – eparavolo 8827 (For all purposes)