

Form Ref. PEL-FCL 800  
Revision 2  
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Revision Date: 09/01/2024

**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**  **Extension of privileges**   
**Inspection**  of the Examiner Certificate indicated below:

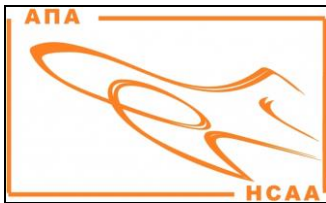
(TRE) <input type="checkbox"/>	(SFE) <input type="checkbox"/>	(FE) <input type="checkbox"/>	(IRE) <input type="checkbox"/>	(CRE) <input type="checkbox"/>	(FIE) <input type="checkbox"/>	(SE) <input type="checkbox"/>
Aircraft Type(s) or Class(s)						

### 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	
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)**

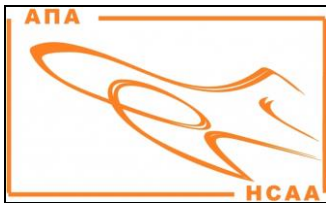
1.Type of Instruction	Hours	2. Type of Instruction	Hours	3. Type of Instruction	Hours

**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 <b>HCAA Approved Examiner Refresher Seminar</b> (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 <b>HCAA Approved Examiner Refresher Seminar</b> (in the period of 12 months immediately preceding the application for the renewal)	
2. Date/Place of Assessment of Competence ( <b>FCL.1020</b> ) (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 (name).....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:			
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:

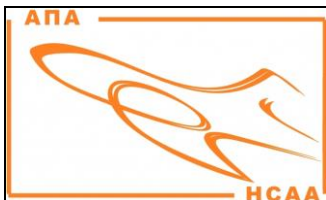
1. I do not hold a Part-FCL Examiner Certificate issued in another Member State
2. I have not applied for any Part-FCL Examiner Certificate in another Member State
3. I have never held a Part-FCL Examiner Certificate issued in another Member State which was revoked or suspended.

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**

<b>EXAMINER APPLICANT NAME:</b>	
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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.**

<b>Examiner Applicant Signature:</b>	<b>DATE:</b>	
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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):

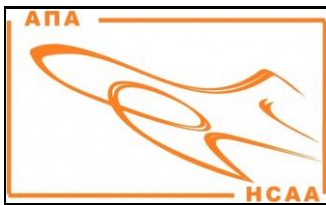
1	the objective of the flight			
2	licensing checks, as necessary			
3	freedom for the 'candidate' to ask questions			
4	operating capacity of 'candidate'			
5	aims to be identified by 'candidate'			
6	simulated weather assumptions (for example icing and cloud base)			
7	contents of exercise to be performed			
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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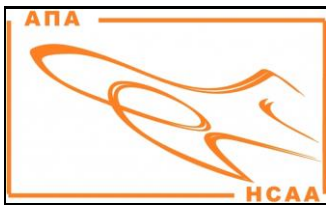
**NOTE:** The examiner applicant should demonstrate to the inspector the ability to complete the relevant records correctly. These records may be:

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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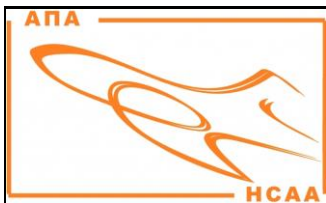


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C. Examiner Competencies (Assessment by Inspector / Senior Examiner)				
1. Preparation Section (Tick ✓)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
Training/Check arrangements and preparation of Test/Check				
Selection of SIM/LOFT Scenario adequacy (SIM ONLY)				
Selection of Examination scenario				
2. Briefing / Debriefing (Tick ✓)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
Promulgation of the Session Overview				
Classification of Oral test after briefing				
Briefing and Debriefing Time Management				
Examiner's ability to clarify Weak and Strong areas (Debriefing)				
3. Simulator (Tick ✓) (N/A if assessment on aeroplane)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
Simulator Condition & Defects				
Briefing of Simulator escape & emergency procedures				
Briefing of Simulator differences				
Examiner's management of Timeframe for applicant's preparation of the Simulator				
4. Start with LOFT Session/Program (Tick ✓)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
LOFT Session Time Management (On-time Start & End)				
5. Compliance (Tick ✓)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
LOFT Session compliance with material provided prior				
Adherence to own session schedule (timeframe/deviation)				

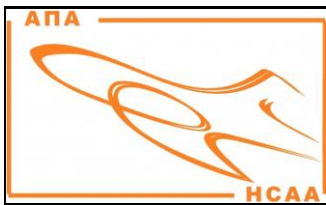


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6. Behavior (Tick ✓)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
Motivation of Applicants by Examiner				
Recovery of Mistakes made by the Pilot/Crew				
Examiner Fairness				
Examiner Calmness				
Examiner Leadership				
Emotional Climate & Atmosphere during Check				
7. Examiner Skills (Tick ✓)	Improvement Required	Up to Standards	Good Performance	Excellent Performance
Session Steering by Examiner				
Handling of Questions during the session				
Examiner's Knowledge system up to date				
Connection of session topics relative to PF/PM changes				
Management of unforeseen simulator problems (SIM ONLY)				
Management of simulator breaks (SIM ONLY)				
Contribution to the Knowledge of the Applicant				
Examiner use of Freeze function (SIM ONLY)				
Examiner's S.O.P Knowledge				
Crew Resource Management				
Multicrew Cooperation				
Examiner's session documentation				
Debriefing Gravity & Credibility (Facts/Errors/Suggestions/Outlook)				
Conclusion of LOFT Session in a timely manner				



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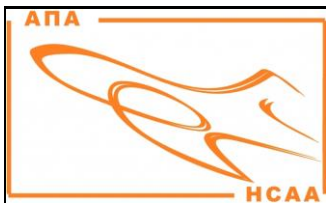
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**D. NOTIFICATION OF COMPLETION OF ASSESSMENT OF COMPETENCE**

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 ✓)		
			Pass	Partial Pass	Fail
(i) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)					
(ii) PF <input type="checkbox"/> PM <input type="checkbox"/> (if applicable)					
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		FAIL	If result is Fail, report details in Section E.	
<b>EXAMINER APPLICANT</b>					
Signature:				Date:	
<b>HCAA INSPECTOR / SENIOR EXAMINER:</b>					
I hereby certify completion of the <b>Competency Assessment</b> for Examiner Privileges for the above-named Examiner Applicant:					
Name: (Block Capitals)					
Signature:				Date:	





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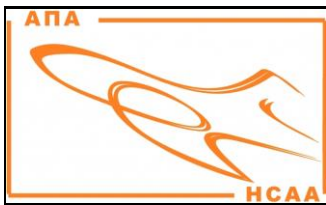
EXAMINER APPLICANT NAME:

**E. HCAA INSPECTOR / SENIOR EXAMINER'S REPORT (FINDINGS TO BE INCLUDED IN CASE OF INSPECTION)**

Please enter any relevant details:

**For HCAA Use Only:**

<b>Examiner Certificate Application Review:</b>	<b>Issue</b> <input type="checkbox"/>	<b>Do Not Issue</b> <input type="checkbox"/>
<b>If Inspection is conducted</b>	<b>Up to Standards</b> <input type="checkbox"/>	<b>Refresher Mandatory (Poor Performance)</b> <input type="checkbox"/>
<b>If Not Issued – Enter Reason Here:</b>		
<b>NEW CERTIFICATE EXPIRY DATE:</b>		
<b>Restrictions:</b>		
<b>HCAA Authorized Personnel (Name):</b>		
<b>Signature:</b>		<b>Date:</b>



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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](mailto: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)