



Form. No. PEL-FCL 801
 Initial Issue
 Page **1 of 1**
 Issue Date: 04/12/2024

HCAA Examiner Activity Report

HCAA Examiners shall fill in the following table during their examiner certificate validity. It shall be submitted at info@hcaa.gov.gr at the end of every month. This document shall be presented to the HCAA on demand if and when requested.

No.	Date	Applicant Name & License Number	Departure / Arrival	Registration No.	A/C Type / Class	Skill test / Prof. Check	Time of Check	Result P/PP/F
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Examiner Declaration

I certify that the details listed above are true and correct.

First & Last Name: Signature of Examiner:..... Date: