

Form. No. PEL-FCL VAL

Revision 2

Page No. 1 of 8

Revision Date: 04/11/2024

APPLICATION FOR ISSUE OF VALIDATION OF AN ICAO PROFESSIONAL PILOT LICENCE FOR EMPLOYMENT IN COMMERCIAL AIR TRANSPORT (CAT) OR COMMERCIAL OPERATIONS (Aerial Work) OR FOR A SPECIFIC TASK OF LIMITED DURATION (NON-CAT)

This Application Form is in accordance with the requirements of EU Regulation 1178/2011 as amended by No. 2020/723 (where applicable). Applications falling outside these requirements will be declined. Please complete the form in BLOCK CAPITALS having read the GUIDANCE NOTES attached to this form. You should allow a minimum of 25 working days for an application to be processed. Applications which are incomplete, or which are entered without the required supporting documents (or with documents which are illegible) will be rejected.

1. BASIS ON WHICH APPLICATION FOR VALIDATION IS MADE TO THE HCAA (to be completed by applicant)

Statement of basis of application	Tick option applicable "✓"
<p>1.1 I am applying to the HCAA as competent authority of the Member State where I reside or am established. (Note: Residency or establishment is taken to mean the place (detailed at Section 2 of this form) where a person usually lives for at least 185 days in each calendar year. Documentary evidence of residency or establishment must be attached - refer to GUIDANCE NOTES as regards what documents may be accepted as proof of residency or establishment.)</p>	
<p>1.2 I am not residing in Greece or in the territory of an EASA Member State and I am applying to the HCAA as competent authority of the Member State where the operator for which I am flying or intend to fly has its principal place of business. (Note: Operator details and/or employment contracts must be filed at Section 12 of this form.)</p>	
<p>1.3 I am not residing in Greece or in the territory of an EASA Member State and the operator for which I am flying or intend to fly does not have its principal place of business in an EASA Member State. I am applying to the HCAA as competent authority of the Member State in which the aircraft in which I am flying or intend to fly is registered. My flights will remain within the territory of the EASA Member States. (Note: Aircraft details must be filed at Section 9.2 of this form.)</p>	
<p>1.4 I am applying under Hellenic national law to the HCAA as competent authority of the ICAO-signatory State of registration of the aircraft in which I am flying or intend to fly and because I intend to fly such aircraft, in compliance with Articles 32 and 33 of the Convention on International Civil Aviation, outside the territory of the EASA Member States. (Note: Aircraft /destination details must be filed at Section 9.2 of this form. If the applicant is resident in an EASA Member State other than Greece, the applicant will also require separate validation by that State of residency – copy must be attached to this application form.)</p>	
<p>1.5 None of the reasons detailed in sections 1.1 – 1.4 above are applicable. I apply for "Specific Tasks of Limited Duration" validation under article 8, Section 2 of EU Reg. No. 2020/723 - details in attached letter. (Note: Validation application under this Section accepted for Hellenic-registered aircraft only)</p>	

2. PERSONAL DETAILS (to be completed by applicant)

Surname First Name(s)

Title (Mr / Mrs/ Ms) Date of Birth (dd/mm/yyyy) / /

Nationality Place of Birth (Town) (Country)

Passport No **(Note: Copy of passport photograph page must be attached to this application)**

Permanent address for residency or establishment purposes:


..... Postcode

Mobile Tel. No. Landline Tel. No.

E-mail address..... Fax Number.....

Address for correspondence (if different from above)

..... Postcode

	Form. No. PEL-FCL VAL	APPLICATION FOR ISSUE OF VALIDATION OF AN ICAO PROFESSIONAL PILOT LICENCE FOR EMPLOYMENT IN COMMERCIAL AIR TRANSPORT (CAT) OR COMMERCIAL OPERATIONS (Aerial Work) OR FOR A SPECIFIC TASK OF LIMITED DURATION (NON-CAT)
	Revision 2	
	Page No. 2 of 8	
	Revision Date: 04/11/2024	

3. DETAILS OF LICENCE/ TYPE RATING/ INSTRUMENT RATING TO BE VALIDATED (to be completed by applicant)

State of Issue	Type of License & License No. (ATPL(A), CPL(H) etc.)	Type Rating to be validated (Name Type or class)	A/C Rating Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			(i.e. Relevant type/class for which validation is requested)
			Instrument Rat. Expiry Date: / / (Note: Copy of last Type & Instrument Proficiency Check must be attached)

4. DETAILS OF INSTRUCTOR RATING TO BE VALIDATED (only for applicants applying for validation of instructor ratings)

Type of Instructor Rating (TRI, CRI etc.)	Valid for Aircraft Type(s)	Total Instructor Experience on Type (hours)	Initial Issue date of Instructor Rating	Expiry Date of Instructor Rating:

(Copy of complete License and Ratings must be attached to this application)

5.1. DETAILS OF CLASS 1 MEDICAL CERTIFICATE ISSUED BY STATE OF LICENCE ISSUE (SOLI)

State of Issue	Date of Medical Examination	Expiry Date of Class 1 privileges	AME Name, Medical Centre & Address	Limitations / Endorsements	HCAA use only

(Note: Copy of last SOLI CLASS 1 MEDICAL CERTIFICATE must be attached to this application)

5.2. DETAILS OF CLASS 1 MEDICAL CERTIFICATE ISSUED BY HELLAS OR OTHER EASA STATE

State of Issue	Date of Medical Examination	Expiry Date of Class 1 privileges	AME Name, Medical Centre & Address	Limitations / Endorsements	HCAA use only

(Copy of last EU Part-MED CLASS 1 MEDICAL CERTIFICATE must be attached to this application)

(This does not apply to applicants under section 1.5 of this form for "Specific Tasks of Limited Duration")

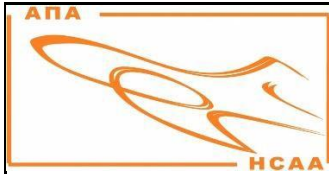
6. ATPL THEORETICAL KNOWLEDGE (to be completed by CPL/IR-holders flying MPA/MPH, if applicable)

State under whose authority ATPL exams were passed	Date of final ATPL examination pass	Date when First Instrument Rating was obtained	HCAA use only

7. DETAILS OF RELEVANT PILOT FLIGHT EXPERIENCE (to be completed by applicant)

Total flight time as pilot of all aircraft	Total flight time as pilot of Aeroplanes	Total Flight time in multi-pilot aeroplane operations	Total flight time as pilot of Helicopters	Total Flight time in multi-pilot helicopter operations	HCAA use only
Flight time in multi-pilot operations on Validation Type	Total Flight time as Pilot-in-Command on Validation Type	Total Flight time as Co-pilot on Validation Type	Flight time as pilot on Validation Type in last 12 months	Flight time as pilot on Validation Type in last 90 days	

(Note: "Validation Type" means the specific aeroplane or helicopter type for which Validation is requested.)



Form. No. PEL-FCL VAL

Revision 2

Page No. 4 of 8

Revision Date: 04/11/2024

APPLICATION FOR ISSUE OF VALIDATION OF AN ICAO PROFESSIONAL PILOT LICENCE FOR EMPLOYMENT IN COMMERCIAL AIR TRANSPORT (CAT) OR COMMERCIAL OPERATIONS (Aerial Work) OR FOR A SPECIFIC TASK OF LIMITED DURATION (NON-CAT)

9.3. Specific AEROPLANE Validation Privileges Applied For (For helicopters see section 9.4)			
Tick "✓" option applicable	Validation Privileges Requested	License held and minimum total flying hours experience required	Experience and License Details verified (Official use only)
9.3.1.	Commercial air transport in multi-pilot aeroplanes as PIC	ATPL(A) and greater than 1,500 hours as PIC on multi-pilot aeroplanes	
9.3.2.	Commercial air transport in multi-pilot aeroplanes as co-pilot only	ATPL(A) or CPL(A) with IR(A) (Note*) and greater than 1,500 hours as PIC or co-pilot on multi-pilot aeroplanes according to operational requirements	
9.3.3.	Commercial air transport in single-pilot aeroplanes as PIC	CPL(A) with IR(A) and greater than 1,000 hours as PIC in commercial air transport since gaining an IR	
9.3.4.	Commercial air transport in single-pilot aeroplanes as co-pilot according to Part-OPS	CPL(A) with IR(A) and greater than 1,000 hours as PIC or as co-pilot in single-pilot aeroplanes according to operational requirements	
9.3.5.	Exercise of privileges in aeroplanes in operations other than commercial air transport	ATPL(A), CPL (A)/IR(A) or CPL(A) with greater than 700 hours in aeroplanes other than TMGs, including 200 hours in the activity role for which acceptance is sought, and 50 hours in that role in the last 12 months	
9.3.6.	Commercial air transport in single-pilot seaplanes as PIC	CPL(A) and greater than 1,500 hours as PIC in commercial air transport including 500 hours on seaplane operations	

9.4. Specific HELICOPTER Validation Privileges Applied For (For aeroplanes see section 9.3)			
Tick "✓" option applicable	Validation Privileges Requested	License held and minimum total flying hours experience required	Experience and License Details verified (Official use only)
9.4.1.	Commercial air transport in multi-pilot helicopters as PIC in VFR and IFR operations	ATPL(H) and valid IR(H) and greater than 1,000 hours as PIC on multi-pilot helicopters	
9.4.2.	Commercial air transport in multi-pilot helicopters as PIC in VFR operations only	ATPL(H) and no IR(H) privileges and greater than 1,000 hours as PIC on multi-pilot helicopters	
9.4.3.	Commercial air transport in multi-pilot helicopters as co-pilot only in VFR and IFR operations	ATPL(H) with IR(H) or CPL(H) with IR(H)(Note*) and greater than 1,000 hours as pilot (PICUS or co-pilot) on multi-pilot helicopters according to operational requirements	
9.4.4.	Commercial air transport in multi-pilot helicopters as co-pilot only in VFR operations only	ATPL(H) without IR(H) or CPL(H) without IR(H)(Note*) and greater than 1,000 hours as pilot (PICUS or co-pilot) on multi-pilot helicopters according to operational requirements	
9.4.5.	Commercial air transport in single-pilot helicopters as PIC	CPL(H) with IR(H) and greater than 1,000 hours as PIC in commercial air transport since gaining an IR	
9.4.6.	Exercise of privileges in helicopters in operations other than commercial air transport (i.e., Aerial Work)	ATPL(H) or CPL (H) with or without IR(H) with greater than 700 hours in helicopters other than those certificated under CS- 27/29 or equivalent, including 200 hours in the activity role for which acceptance is sought, and 50 hours in that role in the last 12 months	



Form. No. PEL-FCL VAL
Revision 2
Page No. 5 of 8
Revision Date: 04/11/2024

APPLICATION FOR ISSUE OF VALIDATION OF AN ICAO PROFESSIONAL PILOT LICENCE FOR EMPLOYMENT IN COMMERCIAL AIR TRANSPORT (CAT) OR COMMERCIAL OPERATIONS (Aerial Work) OR FOR A SPECIFIC TASK OF LIMITED DURATION (NON-CAT)

10. APPLICANT'S DECLARATION AND PERMISSION FOR VERIFICATION OF LICENCE / MEDICAL CERTIFICATE

10.1. I hereby declare that:-

- 10.1.1. I do not hold an EU Part-FCL flight crew license issued by another EASA Member State at present;
- 10.1.2. I do not hold now and have not held since 08 April, 2013 a flight crew license validation issued by another EASA Member State (Note: This does not apply to applicants under section 1.5 of this form for "Specific Tasks of Limited Duration" validations);
- 10.1.3. I have not applied for a flight crew license or validation in another EASA Member State before or while making this application (Note: This does not apply to applicants under section 1.5 of this form for "Specific Tasks of Limited Duration" validations);
- 10.1.4. I have never held a flight crew license or medical certificate, issued by any other country, which was revoked, restricted, suspended, or subject to enforcement action.

(Note: If you are unable to agree with any of the declarations above, please explain in a separate letter.)

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

10.3 I hereby declare that I understand that I may be validated for a maximum period of one (1) year and that this period may only be extended by the HCAA when, before the end of the validation period, I have applied for or I am undergoing training for the issuance of a license in accordance with EU Part-FCL. I also understand that I may only be validated for a further period of a maximum of 18 months to allow me to pass the EU Part-FCL Theoretical Knowledge examinations and/or Skill Tests.

10.4. I hereby give permission to the HCAA to apply for written verification of my pilot license and medical certificate from the issuing Authority / Aeromedical Examiner and to make such enquiries as may be required to establish that any detail submitted by me in this application is correct and true.

10.5. I hereby give permission to the HCAA to circulate details of my pilot license, medical certificate, this validation application and any validation which may be subsequently issued to all EASA Member States and to make such enquiries of those States as may be required to establish that any detail submitted by me in this application is correct and true and to retain my details in an Hellenic, EU or EASA database for such period as may be required.

Applicant's Signature **Date**

11. APPLICANT'S CERTIFICATION OF TESTING, TRAINING & MEDICAL CERTIFICATION

11.1. I hereby CERTIFY that I have complied with the following requirements:

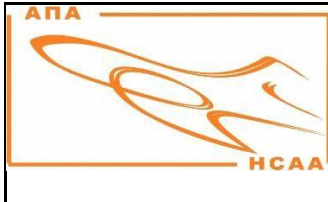
(Note: If applicant is seeking validation clearance before completing the training below, enter "To be completed" below)

- 11.1.1. I have completed, as a skill test, the type or class rating revalidation requirements of Part-FCL relevant to the privileges of the license held. A copy of the LPC Form is attached;
- 11.1.2. I have demonstrated the acquisition of knowledge of the relevant parts of EU-OPS and EU Part-FCL. A copy of the course Training Certificate is attached (not for "Specific Tasks of Limited Duration" validations);
- 11.1.3. I have demonstrated the acquisition of knowledge of English in accordance with FCL.055. A copy of the ELP Assessment Form signed by an HCAA-authorized or accepted English Language Assessor [ELA] or English Language Assessment Body [ELAB] accepted by the HCAA is attached ;
- 11.1.4. I Hold a valid Class 1 Medical Certificate issued in accordance with EU Part- Medical - Copy is attached. (not for "Specific Tasks of Limited Duration" validations).

Applicant's Signature **Date**

Name (block caps)

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 a validation of a license or a rating, authorization, or certificate, whether for that person or any other person.



Form. No. PEL-FCL VAL

Revision 2

Page No. 7 of 8

Revision Date: 04/11/2024

APPLICATION FOR ISSUE OF VALIDATION OF AN ICAO PROFESSIONAL PILOT LICENCE FOR EMPLOYMENT IN COMMERCIAL AIR TRANSPORT (CAT) OR COMMERCIAL OPERATIONS (Aerial Work) OR FOR A SPECIFIC TASK OF LIMITED DURATION (NON-CAT)

14.1

GUIDANCE NOTES & SUBMISSION INSTRUCTIONS

Section 1 – Basis of application: In accordance with the requirements of paragraph 1, Article 8, Section 2 of EU Regulation No. 2020/723, the Hellenic Civil Aviation Authority may accept a license issued in accordance with Annex 1 to the Chicago Convention by a third country for a maximum of 12 months for use in Commercial Air Transport or other Commercial Operations, provided the applicant complies with the following requirements:-

- (a) meets any of the qualifying criteria described in Sections 1.1 to 1.4 of this Application Form; or,
- b) intends to fly aircraft, in compliance with Articles 32 and 33 of the Convention on International Civil Aviation, outside the territory of the EASA Member States. “**EASA Member State**” means the 28 EU States and Iceland, Norway, Switzerland & Liechtenstein.

This period may be extended by the HCAA only when, during the validation period, the pilot validated has applied for or is undergoing training for the issuance of a license in accordance with EU Part-FCL. (Refer Applicant’s Declaration at Section 10.3).

Section 1.1 - Documentary evidence which may be required to prove residency or establishment in the State -

- The acquisition/use of property in the State (e.g. rent agreements, mortgage documents, rent/mortgage payments etc.);
- Transactions carried out in the course of day to day living (bank statements/transaction documents, bills/receipts for electricity, phone, water, service charges etc.);
- “Permission to Remain Stamp” endorsements on a person’s passport;
- Such other such evidence as may be requested in individual cases (above list not exhaustive).

Section 1.2 - Documentary evidence which is required to prove the operator for which you are flying or intend to fly has its principal place of business in the State -

- Employment by an aircraft operator in the State (e.g. Employment Contracts, payslips, tax records, work permits/authorizations/visas etc.); (Note: If employment is via an intermediate company or pilot procurement agency, copies of all contracts proving the pilot’s link with the aircraft operator will be required.)

Section 1.3 and 1.4 - Documentary evidence which is required to prove that aircraft which is flown or intended to be flown is Hellenic-registered-

- Aircraft details must be filed at Section 9.2 of this Form and a letter of explanation of the circumstances must be attached to this Form.

Section 1.5. In accordance with the requirements of paragraph 1, Article 8, Section 2 of EU Regulation No. 2020/723, the Hellenic Civil Aviation Authority may accept a license issued in accordance with Annex 1 to the Chicago Convention by a third country for a maximum of 12 months for “specific tasks of limited duration”, such as instruction flights for initial entry into service, demonstration, ferry or test flights, provided the applicant-

- (a) is employed, directly or indirectly, by an aircraft manufacturer, and,
- (b) documentary proof is supplied by an employing aircraft manufacturer (**see Section 12**).

(Important Note: validation of 3rd country pilots for specific tasks of limited duration is not obligatory under EU law and is entirely at the discretion of Member States. The HCAA’s policy is not to validate 3rd country pilots at all unless compelling evidence is produced to the effect that there is no other option. Any validation applied for which involves carriage of passengers (as opposed to technical staff necessary for the task) will require the applicant to meet the full requirements as if for Commercial Air Transport operations.

Section 2 – Personal Details

To be completed by the applicant.

Sections 3, 4, 5 – Details of Pilot License / Instrument Rating/ Instructor Rating/ Medical Certificate Class 1.

Please enter complete details of Pilot License / Instrument Rating / Instructor Rating/ Medical Certificate Class 1.

(Please note that a complete copy of the pilot license and all Ratings (including Certificates of Rating Validity) must be submitted. Incomplete or illegible copies of Licenses/ Ratings will result in the Validation Application being returned to the applicant (experience has shown that this is one of the most frequent causes of delay). Complete legible copy(ies) of the Class 1 medical certificate(s) must be attached. (Note: EU Part-MED Certificate not required from applicants under section 1.5 of this form for “Specific tasks of limited duration” validations); Note: Section 4 need only be completed by applicants seeking validation of Instructor Rating privileges.

Section 6 - ATPL(A) Theoretical Knowledge (to be completed by CPL/IR-holders, if applicable)

CPL(A)/IR holders requesting validation as co-pilot on multi-pilot aeroplanes / helicopters shall have demonstrated ICAO ATPL(A/H) level knowledge before acceptance (EU Reg. 2020/723, Annex, Table 1, (*)

Section 7 – Details of Relevant Pilot Flight Experience (to be completed by applicant)

Minimum qualifying experience required (based on Part-FCL requirements) is shown at Sections 9.3 (Aeroplanes) and 9.4 (Helicopters). Proof of this experience must be demonstrated by paper or printed electronic log-book records and may be verified independently by the HCAA from a source such as an NAA or Employer,


Note also re “90-day Rule” -

(Extract from EU Reg. 1178/2011, FCL.060 – “Recent experience”-

“(b) Aeroplanes, helicopters, powered-lift, airships and sailplanes.

A pilot shall not operate an aircraft in commercial air transport or carrying passengers:

(1) **as PIC or co-pilot unless he/she has carried out, in the preceding 90 days, at least 3 take-offs, approaches and landings in an aircraft of the same type or class or an FFS representing that type or class.** The 3 take-offs and landings shall be performed in either multi-pilot or single-pilot operations, depending on the privileges held by the pilot;”

	Form. No. PEL-FCL VAL Revision 2 Page No. 8 of 8 Revision Date: 04/11/2024	APPLICATION FOR ISSUE OF VALIDATION OF AN ICAO PROFESSIONAL PILOT LICENCE FOR EMPLOYMENT IN COMMERCIAL AIR TRANSPORT (CAT) OR COMMERCIAL OPERATIONS (Aerial Work) OR FOR A SPECIFIC TASK OF LIMITED DURATION (NON-CAT)
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Section 8 – English Language Proficiency (ELP)

The copy of your Pilot License must include an ELP endorsement of a minimum of ICAO Level 4. If no ICAO Level is specified, your application must be supported by documentary evidence from the Civil Aviation Authority which issued the License certifying that a minimum of ICAO Level 4 ELP is otherwise held. The Hellenic Civil Aviation Authority requires each applicant pilot to undergo an ELP assessment with an HCAA-designated or accepted EnglishLanguage Assessor [ELA] or English Language Assessment Body [ELAB]. The English Language Assessment Form must be attached to this application.

Section 10 – Applicant’s Declaration

This section must be completed by the applicant after reviewing all information entered on the application form. If you are unable to understand any of the questions in the Application Form, please contact the HCAA Personnel Licensing Office for further advice before submitting it.

Section 11 - Applicant’s Certification Of Testing, Training & Medical Certification

This Section must be completed by the applicant after reviewing all test and training certificates / documentation required to be submitted with the application form and the information entered on the application form. If you are unable to understand any of the questions in the application form, **please contact the Personnel Licensing Office for further advice before submitting it.**

Section 12 – Sponsoring Employer’s Declaration (if application is sponsored by an Employer)

Section 12 is obligatory for applicants for “Specific tasks of limited duration” Validations under section 1.5 of this form.)

Section 13 – HCAA Use only.

14.2 SUBMISSION INSTRUCTIONS (see Guidance Notes)

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

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

- Copy of last two pages of logbook, showing an up-to-date summary of relevant flight experience. For electronic logbooks, please print the summary page and sign and date it to certify it as a true copy.
(Note: The HCAA reserves the right to require all original flying logbooks and to require independent verification, if deemed necessary.)
- Copy of ICAO ATPL or CPL and valid accompanying ICAO Class 1 Medical Certificate.
- Copy of last aircraft Type Rating & Instrument Rating License Proficiency Check(s) (LPC) I.a.w 1178/2011
- Copy of your valid EU Part-MED Class 1 Medical Certificate(s).(Not for applications under Section 1.5.)
- Copy of the photograph page of your Passport or National Identity card as evidence of identity.
- Copy of ATPL(A) examination results (if applicable – refer Section 6. of this Application Form).
- Copy of ELP Assessment Form - refer Section 8).
- Copy EU-OPS and EU Part-FCL course Training Certificate – refer Section 11 of this Application Form.)
- e-Administrative Fee Code-eparavolo 4619 & 4520

You should allow a minimum of 25 working days for an application to be processed. Validation of some Licenses may take longer due to verification requirements.