

HELLENIC CIVIL AVIATION AUTHORITY

FORM FOR CHANGE OF ISSUING COUNTRY OF THE MEDICAL CERTIFICATE

ITEM	DESCRIPTION		
1	State of Transfer FROM: Address: Telephone: Email		Hellenic Civil Aviation Authority H.C.A.A. A.M.S BUILDING 45 Athens International Airport ELEFThERIOS VENIZELOS Po BOX 19019 Spata GREECE E-mail: ams@hcaa.gov.gr
2	State of Transfer to: Address: Telephone Fax Email		
3	Licence held: Reference	Type: Reference	
4	Full name of holder		
5	Address of holder		
6	Date of Birth (dd/mm/yyyy)		
7	Nationality of holder		
8	Limitations (if any)		-

ITEM	DESCRIPTION
9	
CONSENT	
CONSENT RECEIVED VIA EMAIL	
<p>I, (Name of applicant) consent to my AeroMedical records being transferred to the Authority Medical Section of the Licensing Authority of the CAA .</p> <p>Signature: Date (dd/mm/yyyy):</p>	
VERIFICATION	
<p>I, (name), Dr, of the Hellenic Civil Aviation Authority, certify that the details given above and on any additional pages included are true and correct.</p> <p>Date (dd/mm/yyyy): 22/03/2023</p>	
Signature and Medical Assesor stamp	