

REPORT FORM FOR FLYING ON AIRCRAFT REGISTERED IN SWEDEN WITH A PILOT LICENCE ISSUED BY A FULL JAA MEMBER STATE WHO HAS IMPLEMENTED JAR-FCL AND IS STANDARDISED BY JAA HQ

Last and first name of holder:

Date and place of birth:

Address:

Phone, fax and e-mail:

Nationality:Licence no:State of licence issue:

Holder of licence: CPL ATPL IR

Licence valid until:

Holder of medical certificate class 1 valid until:

Enclose certified copies of your valid licence and valid medical certificate.

Signature of holder:

Send to: Transportstyrelsen, Luftfartsavdelningen, Certifikat och examination, SE-601 73 Norrköping, Sweden
Internet: www.transportstyrelsen.se