

## VALIDATION OF FLIGHT CREW LICENCES ISSUED IN ACCORDANCE WITH ICAO ANNEX 1

A validation entitles the holder of a non-Swedish licence to exercise the privileges specified in the Swedish validation on board Swedish registered aircraft.

### APPLICATION FOR VALIDATION (Helicopter)

#### Personal particulars of applicant (in block letters)

Surname		Christian name	
Address			
Tel No		E-mail	
Date of birth	Place	Nationality	
Previous Swedish validation <input type="checkbox"/> Yes <input type="checkbox"/> No			
Country of issue			
Type of licence			
Licence number			
Date of issue			
Date of expiry			
Date of latest medical examination			
Date of latest non-Swedish proficiency check			
Limitations or Endorsements			
Licence converted from other state <input type="checkbox"/> Yes <input type="checkbox"/> No			
If converted licence state nationality of original			
Radio Telephony Licence Licence number		Date of issue	
Instrument Rating Country of issue	Date of last check	Date of expiry	

Licence held	Requirements of total flying hour experience	The applicants flight time
ATPL(H)	> 1000 hours as PIC on multi-pilot helicopters	
ATPL(H) or CPL(H)/IR*	> 1000 hours as PIC or co-pilot on multi-pilot helicopters	
CPL(H)/IR	> 1000 hours as PIC in commercial air transport since gaining an IR	
CPL(H)	> 700 hours in helicopters other than those certificated under JAR-27/29, including 200 hours in the activity role for which validation is sought, and 50 hours in that role in the last 12 months	

\*CPL(H)/IR holders on multi-pilot helicopters shall have demonstrated ICAO ATPL level knowledge before validation

**FOR COMPANY USE ONLY** (Signed by Flight Manager or deputy)

The applicant has passed conversion course and OPC according to JAR-OPS within following company	
Date for OPC	Date for conversion course
Date	Signature

**Purpose fo validation is to act as**

- PIC
- CO-PILOT
- .....  
on following aircraft .....

**Enclosed this application are**

- The applicants personal logbook in certified copy for the last 12 months
- The non-Swedish licence and medical certificate in certified copy
- The latest proficiency check in copy
- Skill test
- Certificate of JAR-FCL course

**DECLARATION** (Signed by applicant)

I certify that all the particulars given on this form are correct to the best of my belief and knowledge

.....  
Date Signature

**FOR OFFICIAL USE ONLY**

Certificate of Validation issued			
Date	Decision	Sign	Fee