## Request for duplicate of licence or medical certificate

Send form

+46 771 503 503 +46 11 415 22 50

Telephone

| Please state type of licence/lice                    |   | Medical certificate             |                                   |  |
|--|---|---------------------------------|-----------------------------------|--|
| —<br>Please state type of licence/licence            |   |                                 |                                   |  |
| . Todos state type of mostlogine                     | ences   |                                 |                                   |  |
| Personal data  |   |                                 |                                   |  |
| Name   |   |                                 | Personal identity number          |  |
| Address  |   |                                 |                                   |  |
| Postal code  | Postal town/city                                  |                                 |                                   |  |
| Telephone number                                     | Email address                                     |                                 |                                   |  |
| I hereby certify the                                 | e accuracy of the infor                           | mation provided above           |                                   |  |
|  |   |                                 |                                   |  |
| Place and date                                       | Applicant's name                                  |                                 |                                   |  |
| Applicant's signature                                |   |                                 |                                   |  |
|  |   |                                 |                                   |  |
| You may submit y                                     | our application as follo                          | ows:                            |                                   |  |
| <u>by e-mail to</u> :<br><u>certifikat.w3d3@tran</u> | sportstyrelsen.se                                 |                                 |                                   |  |
| Please note that we a                                | accept only PDF files                             |                                 |                                   |  |
|  |   | t the matter is about and the l | icence or certificate in question |  |
| Make sure that you st                                |   |                                 |                                   |  |
|  | wing address:                                     |                                 |                                   |  |
| by letter to the follo                               | <u>wing address</u> :<br>gency, SE-601 73 Norrköp | oing, Sweden                    |                                   |  |
| by letter to the follo                               |   | oing, Sweden                    |                                   |  |
| by letter to the follo                               |   | oing, Sweden                    |                                   |  |