

Request for duplicate of licence or medical certificate

Send form

Licence		Medical certificate	
Please state type of licence/licen	ces		
Personal data			
Name		Personal identity nu	mber
Address		<u> </u>	
Postal code	Postal town/city		
Telephone number	Email address		
register of licences. T	The personal data you	ion Ordinance, the civil aviation authority shall k have stated in this form will be entered in this re	egister.
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