

Applicant information

Last Namn		Date of birth (yyyy-mm-dd)		
First and middel names (Given name in block	(letters)			
Street or box		Postal code and city		
Telephone	E-mail	1		
Nationally		Current licence No		
Date of settlement in Sweden or employer sin	nce date			

Following documents are needed and attached or sent separately (mark wich one(s)):

Application form for the transfer of medical records between medical sections of licensing authorities, see form L 1873
Certified copies of your current PART-FCL (or JAR-FCL) licence and medical certificate class 1 or 2
Certified copies of your passport or birth certificate
I certify that I currently do not hold additional PART-FCL (or JAR-FCL) licenses in the same category or any other category

I apply for Sweden to become the state of licence issue for my PART-FCL pilot licence, and I declare that the information provided in this form is true and correct.						
Date and place	Signature of applicant					

n	Du kan e-posta d	lin ansökan til	l adressen:	certifikat.w3d3(@transportst	tyrelsen.se
---	------------------	-----------------	-------------	------------------	--------------	-------------

Obs! Vi accepterar endast Pdf-filer. L 1835-

Var noga med att i ämnesraden i mejlet ange vad ärendet gäller och vilket certifikat/behörighetsbevis det avser.