

Applicant information

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

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

<input type="checkbox"/>	Application form for the transfer of medical records between medical sections of licensing authorities, see form L 1873
<input type="checkbox"/>	Certified copies of your current PART-FCL (or JAR-FCL) licence and medical certificate class 1 or 2
<input type="checkbox"/>	Certified copies of your passport or birth certificate
<input type="checkbox"/>	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