

Application of reduced training for holders of a licence, rating or certificate issued by a third country, according to Commission Delegated Regulation (EU) 2020/723 section 1, article 3 b

| | |
|--|-----------------------------|
| Name of applicant | Date of birth |
| E-mail address | |
| Type of licence, rating or certificate issued by a third country | Issuing state and authority |
| Licence, rating or certificate applied for | Signature of applicant |
| <input type="checkbox"/> I accept that I will be charged for an administrative fee. <small>Current fee is established in "Transportstyrelsens föreskrifter om avgifter", TSFS 2016:105.</small> | |

Required mandatory attachments copy of:

| | |
|--|--------------------------|
| Valid passport | <input type="checkbox"/> |
| Valid licence, rating or certificate issued by a third country | <input type="checkbox"/> |
| Proof of PIC privileges on the rating applied for | <input type="checkbox"/> |
| Last three pages of pilot's logbook | <input type="checkbox"/> |
| <p>Note: The Swedish Transport Agency may have to verify your licence with your current authority, which could extend the handling time.</p> | |

Summary of flight time

| | | |
|--|---------------------------------|-----------------|
| Time on relevant category | Time on relevant rating or type | |
| Time on relevant rating(s) in the last 12 months | Night time | Instrument time |
| Other relevant information (as applicable, e.g. flight time other categories, classes or types since last proficiency check) | | |

Note: for the issue of a Swedish licence you must hold a Swedish medical certificate, with relevant class, before you undertake the skill test.

Please use page 2 for ATO recommendation

ATO Recommended training plan

| | Aircraft | FSTD |
|---|------------------------------|------|
| Total flight time during course | | |
| Total time for licence | | |
| Total time on rating | | |
| Total time on rating | | |
| Total instrument time | | |
| Total night time | | |
| | | |
| Expected course length (calendar days) | | |
| Total theoretical knowledge training time | | |
| Other relevant information (content of training, topics or similar) | | |
| | | |
| Date and place | Signature (Head of Training) | |
| Name of ATO | | |

Send to:
 Transportstyrelsen
 Sektionen för flygutbildning
 SE-601 73 Norrköping
 Sweden
 Or as a scanned pdf-file to luffart@transportstyrelsen.se

FOR USE BY TRANSPORTSTYRELSEN

| | | |
|--|--|------------------------------------|
| Recommendation accepted <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, with amendment | | Required amendment (if applicable) |
| Date | | |
| Signature and stamp | | |