

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 | 1, 41 40 6 6 6 |
|--|---------------------------------|-------------------------|
| E-mail address | | |
| L-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 | |
| Lieblies, falling of continuate applied to. | orginatal of applicant | |
| ☐ I accept that I will be charged for an administr | ative fee | |
| T doocpt that I will be onlyinged for all dominion | auvo 100. | |
| Current fee is established in "Transportstyrelsens föreskrifter om avgifter", Ts | SFS 2016:105. | |
| Required mandatory attachments copy of: | | |
| Valid passport | | |
| Valid licence, rating or certificate issued by a third country | | |
| Proof of PIC privileges on the rating applied for | | |
| Last three pages of pilot's logbook | | |
| | | |
| Note: The Swedish Transport Agency may have | to verify your licence with | your current authority, |
| which could extend the handling time. | | |
| 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) | | |
| | | |
| | | |
| | | |
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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

| 7.10 Noodiminanda alaming pian | 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 luftfart@transportstyrelsen.se

FOR USE BY TRANSPORTSTYRELSEN

| Recomn | nendation accepted | Required amendment (if applicable) |
|--------|---------------------|------------------------------------|
| | No | |
| | Yes | |
| | Yes, with amendment | |
| Date | | Signature and stamp |