



## Recommendation from an approved training organisation or a declared training organisation

Application of credit based on an equivalent licence with associated rating(s), privilege(s) or certificate(s) 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(s) or certificate issued by a third country  Issuing state and authority				
Licence, rating or certificate applied for	nce, rating or certificate applied for Signature of applicant			
☐ I accept that I will be charged for an administrative fee.  Current fee is established in "Transportstyrelsens föreskrifter om avgifter", TSFS 2016:105.				
Mandatory required attachments:				
Copy of valid passport				
Copy of valid licence and associated rating(s) or certificate issued by a third country				
Proof of PIC privileges on the rating(s) applied for				
Last three pages of pilot's logbook				
Note: The Swedish Transport Agency will verify your licence with your current authority, this 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)				

**N.B.** Recommendation of credit is only possible for rating(s) or certificate associated with an initial license issue, not for stand-alone for rating(s)

Please use page 2 for ATO/DTO recommendation



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## ATO/DTO Recommended training plan

	Aircraft	FSTD
Total flight time during course		
Total time for licence		
Total time on rating (specify)		
Total time on rating (specify)		
Total instrument time (according to (EU) 1178/2011 definition)		
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)	
Date and place	Signature (Head of Training)	
Name of ATO or DTO		

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