



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.

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Name of applicant			Date of birth (non-Swedish citizens) Personnummer (Swedish citizens)		
Address			Postcode		
Town/city		Country			
Telephone number	E-mail address				
Type of licence, rating(s) or certificate	issued by a third country	Issuing state and authority			
Licence, rating or certificate applied fo	r	Signature of applicant	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.					
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Mandatory required attachments:					
Copy of valid passport					
Copy of valid licence and a third country	d associated rating(s) o	certificate issued by			
Proof of PIC privileges of	n the rating(s) applied f	or			
Last three pages of pilot	's logbook				
Note: The Swedish Tran		your licence with your curre	ent authority, this		
Summary of flight time					
Time on relevant category		Time on relevant rating or type			
Time on relevant rating(s) in the last 1	2 months	Night time	Instrument time		
Other relevant information (as application)	ole, e.g. flight time other categories, c	lasses or types since last proficiency chec	k)		

 ${f N.B.}$ 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)	
Name of ATO or DTO	1	

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

FOR USE BY THE SWEDISH TRANSPORT AGENCY

Recommendation accepted		Required amendment (if applicable)
	No	
	Yes	
	Yes, with amendment	
Date		Signature and stamp