

## Applicant information

Last name		Date of birth (yyyy-mm-dd) or personal identification number
First and middle names, given name in block letters		
Address		
Postcode	Town/city	
Telephone number	E-mail address	
Nationality	Current licence No	

## Following documents are needed and should be attached, mark which 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 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 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 application is true and correct.

## Signature

Date	Place
Signature of applicant	

You can e-mail your application to: [certifikat.w3d3@transportstyrelsen.se](mailto:certifikat.w3d3@transportstyrelsen.se)

**NOTE! We only accept PDF-files.**

Be sure to indicate in the subject line of the e-mail what the case is about and which certificate/authorization certificate it refers to.

You can also send your application by post to: Transportstyrelsen, 601 73 Norrköping