

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, PART-BFCL or PART-SFCL 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, PART-BFCL or PART-SFCL licenses in the same category or any other category

I apply for Sweden to become the state of licence issue for my PART-FCL, PART-BFCL or PART-SFCL 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

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