

<input type="checkbox"/> For Private Operations – VFR only	<input type="checkbox"/> For Private Operations – VFR and IR
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Personal particulars of applicant

Surname		Christian name	
Address			
Zip code	City		
Telephone number	E-mail address		
Nationality	Date of birth	Place of birth	
Previous Swedish validation <input type="checkbox"/> Yes, with number <input type="checkbox"/> No		Additional information (not mandatory)	
Type of original licence <input type="checkbox"/> ATPL <input type="checkbox"/> CPL <input type="checkbox"/> MPL <input type="checkbox"/> PPL		Licence category <input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter	
Licence number	Valid until (dd-mm-yyyy)	Country of issue	Date of issue (dd-mm-yyyy)
Licence limitations or endorsements		Additional information (not mandatory)	
Licence converted from other state <input type="checkbox"/> Yes <input type="checkbox"/> No		If converted licence, state nationality of original	
Radio telephony rating held <input type="checkbox"/> English <input type="checkbox"/> National	ICAO Language proficiency rating - English Date of test (dd-mm-yyyy) Level Valid until (dd-mm-yyyy)		
Class of foreign medical <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	Foreign medical – valid until (dd-mm-yyyy)		

I apply for validation of following ratings stated in my ICAO licence (only type, class and IR ratings permitted)

Rating	Valid until (dd-mm-yyyy)	IR-valid until (dd-mm-yyyy)	Function (Copl or Pic)

Application for validation of Flight crew licence - Private operations

2 (2)

Alt. 1 Requirements for private VFR and IR operations according to Commission Delegated Regulation (EU) 2020/723

	Performed date (dd-mm-yyyy)	Flight time
Demonstrate that he/she has acquired knowledge of English in accordance with Part-FCL.055		
Demonstrate that he/she has acquired knowledge of Air Law, Aeronautical Weather Codes, Flight Planning and Performance IR, and Human Performance		
Complete the skilltest for instrument rating and the type or class ratings relevant to the privileges of the licence held, in accordance with Appendix 7 and Appendix 9 to Part-FCL		
Have a minimum of experience of at least 100 hours of instrument flight time as pilot-in-command in the relevant category of aircraft		

Alt. 2 Requirements for private VFR operations only, according to Commission Delegated Regulation (EU) 2020/723

	Performed date (dd-mm-yyyy)	Flight time
Demonstrate that he/she has acquired language proficiency in accordance with Part-FCL.055		
Demonstrate that he/she has acquired knowledge of Air Law and Human Performance		
Pass the PPL skill test set out in Part-FCL		
Have a minimum of experience of at least 100 hours of as pilot in the relevant category of aircraft		

Documents to be enclosed the application for validation

	Enclosed
Copy of performed English Language proficiency examination form	<input type="checkbox"/>
Copy of certificate of performed theoretical examination	<input type="checkbox"/>
Copy of performed skill test examination form	<input type="checkbox"/>
Extract of the flight logbook of flight time for the relevant category, according to the Part-FCL requirements	<input type="checkbox"/>
Copy of passport or birth certificate	<input type="checkbox"/>
Copy of ICAO licence	<input type="checkbox"/>
Copy of ICAO Medical certificate (if not included in the licence)	<input type="checkbox"/>
Confirmation from the issuing authority whether the licence is converted from other state or not	<input type="checkbox"/>

Attention! You can send your application together with common documents by e-mail. We only accept documents, including this application, **in a pdf format**. You will then have a confirmation, by e-mail, of registration of your application together with a unique reference number. Please refer to this number in every contact with us.

E-mail address: certifikat.w3d3@transportstyrelsen.se or send by mail to:
Transportstyrelsen, SE-601 73 Norrköping, Sweden

I hereby apply for validation according to the regulations in Commission Delegated Regulation (EU) 2020/723 of my Flight Crew Licence and confirm that the information given above were correct at the time of application.

Date	Place
Applicant signature	