

Applicant information

Name		License number
Address		
Postcode	Town/city	
Telephone number	E-mail address	

Flight time information

Total flighttime	MPA, if applicable	MPA PIC, if applicable
Flighttime as TRI/SFI, if applicable	On the following type(s)	Flighttime as instructor, if applicable

Signature

Date	City
Signature	

Send the application as a scanned file in pdf-format to luffart@transportstyrelsen.se and write TSL 2023-273 in the subjectline.