

A. To be completed by the applicant

Licence <input type="checkbox"/> MPL(A) <input type="checkbox"/> CPL(A) <input type="checkbox"/> ATPL(A)		Licence no	
Last name			
First and middle names		State of licence issue	
Street or box		Country	
Postcode	Town/city		
Telephone number	E-mail address		
<input type="checkbox"/> Applicant verification of compliance according to ARA.GEN.315 and AMC1 ARA.GEN.315 (c) (See instructions, page 8)			

B. To be completed by the instructor

Name and AOC number of the operator			
<input type="checkbox"/> Valid MPL/CPL/ATPL licence		<input type="checkbox"/> Personal identification card	
Delegation of Signature for licence endorsement, instructor			
First name		Last name	
Position in the operator			
Date	Signature		
Type rating:		FSTD (aircraft type):	
<input type="checkbox"/> Revalidation of rating	<input type="checkbox"/> Renewal by the operator in accordance with point ORO.FC.231(a)(5) of Annex III (Part-ORO) and FCL.740(b) of Annex I (Part-FCL)		
Provided all competencies achieved, I have entered the following details in the applicant's licence			
Rating	Date of assessment	Rating valid until	IR valid until
Rating	Date of assessment	Rating valid until	IR valid until
Rating	Date of assessment	Rating valid until	IR valid until

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 Webbsida: transportstyrelsen.se

C. To be completed by EBT manager

Operator's EBT module number (M)			
Session 1 (M)			
Name of the instructor	Type of licence		Number of licence
Location	Date	Time	FSTD ID code
Session 2 (M)			
Name of the instructor	Type of licence		Number of licence
Location	Date	Time	FSTD ID code
Extra session, if required			
Name of the instructor	Type of licence		Number of licence
Location	Date	Time	FSTD ID code
<input type="checkbox"/> Completion of the module	Date	Signature, EBT manager	
Operator's EBT module number (M)			
Session 1 (M)			
Name of the instructor	Type of licence		Number of licence
Location	Date	Time	FSTD ID code
Session 2 (M)			
Name of the instructor	Type of licence		Number of licence
Location	Date	Time	FSTD ID code
Extra session, if required			
Name of the instructor	Type of licence		Number of licence
Location	Date	Time	FSTD ID code
<input type="checkbox"/> Completion of the module	Date	Signature, EBT manager	

Completion of the operator's EBT programme

From date	To date
Name(s) in capital letters	
Type of licence	Number of licence
Examiner certificate number	
Date of applicant's licence endorsement	Signature of examiner, EBT manager

D. I confirm all of the following, training manager or EBT manager

The EBT manager holds a current type rating examiner certificate in the type rating filled in in Appendix 10, copy mandatory for a non-Swedish licensed examiner.	<input type="checkbox"/> Yes
Proof of EBT manager authorisation clearly visible, copy mandatory for a non-Swedish AOC.	<input type="checkbox"/> Yes
The instructor(s) that conduct the training to the applicant has (have) been standardised.	<input type="checkbox"/> Yes
The EBT operator has performed a verification of the grading system at least once in the last 3 years.	<input type="checkbox"/> Yes
The integrity of the applicant training data is ensured	<input type="checkbox"/> Yes
Signature of the training manager or EBT manager	

Additional information, if required

Instructions for completing form

- A. To be filled in by the applicant. Please tick the appropriate box for your flight crew licence and fill in the personal information. Please note:
- AMC1 ARA.GEN.315 Applicant VERIFICATION OF COMPLIANCE**
By ticking this box you certify that you:
- 1) do not hold any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State;
 - 2) has not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; and
 - 3) has never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State.
- Incorrect information could disqualify you from being granted a personnel licence, certificate, rating, authorization or attestation.
- B. To be completed by the instructor. Please enter required information about the operator and tick the boxes to confirm check of the applicant.
- EBT manager may delegate their signature in accordance with point 4(c)(2) of Appendix 10 in regulation (EU) no. 1178/2011 to endorse the licence of the applicant. Make sure that the instructor fulfils the requirements for delegation in AMC1(c) to Appendix 10.
- C. This section must be completed by the EBT manager. Enter the information for each applicable EBT modules and sessions relevant for the applicant and information about the operator's EBT programme.
- D. EBT manager must fulfil the requirements in Appendix 10 A(c).
In case of non-Swedish EBT operator, the following attachments are required:
- EBT operator certificate, AOC certificate or equivalent supporting document to indicate EBT baseline approval
 - Copy of EBT manager authorisation
 - EBT manager license and examiner certificate
- Additional information** Additional information are to be used at instructor, training manager or EBT manager discretion