

Medical in confidence

Application form for the transfer of medical records between medical sections of licensing authorities

I apply for and consent to my aeromedical records being transferred between the Authority Medical Sections of the Licensing Authorities stated below and accept responsibility for any fees incurred in translating or transferring my records.

Signature

Date	Name of applicant
Signature	

Information to be completed by the applicant

State of Transfer TO:

Licensing Authority (Name)

State of Transfer FROM:

Licensing Authority (Name)

Applicant information

Full name of applicant		Date of birth (dd/mm/yyyy)	
Address			
Postcode	Town/city		
Telephone number	E-mail address		
Nationality of applicant		Reference Number/Medical Certificate Number/Licence number, as appropriate	
Licence(s) held			
<input type="checkbox"/> ATPL	<input type="checkbox"/> CPL	<input type="checkbox"/> MPL	<input type="checkbox"/> PPL
<input type="checkbox"/> SPL	<input type="checkbox"/> BPL	<input type="checkbox"/> LAPL	<input type="checkbox"/> ATCO
Issuing authority			

You can e-mail your application including copy of identification and your latest medical certificate to:
luft.medicin@transportstyrelsen.se or send by post to Transportstyrelsen, 601 73 Norrköping

NOTE! We only accept PDF-files!