

SWEDEN a member of the EUROPEAN UNION

Initial <input type="checkbox"/>	Change of approval <input type="checkbox"/>
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Registered Name & Address of applicant:

Name		
Address		
Post code	City	
Telephone number	Fax	E-mail address

Trade name, if different

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Addresses if different from the box above requiring approval

Address		
Post code	City	
Telephone number	Fax	E-mail

Address		
Post code	City	
Telephone number	Fax	E-mail

Address		
Post code	City	
Telephone number	Fax	E-mail

Scope of Part-147 Approval relevant to this application:

Basic Training

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Type Training

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Provide reference to other approvals under Basic Regulation:

Accountable Manager (AM) or nominee

Name	Position
Signature	Printed name

Place	Date of Application:
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On completion, please send this form to:

Transportstyrelsen, 601 73 NORRKÖPING

This space for official use

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