Application for recognition of professional qualifications for instructor for risk education

Acquired or been recognized in Switzerland or in an EEA State other than Sweden

Instructor for risk education			A1	A2	B1	B2
Contact details						
Surname, first names (Give	en name underlined)			Personal identity number		
Address				1		
Postal code	Postal town/city			Country		
Telephone number		Email address				
Attatch the follo	wing annexes					
Certified c	opy of valid passport,					
 Certified c 	opy of evidence of formal of	qualifications or attestation	of compet	ence,		
 Certified c appropriat 		ofessional experience as an i	instructor	for risk ed	ucation, w	here
Send the form to	0					
Swedish Transport	Agency					
D 1 1 D - 11						
Road and Raii						
Road and Rail P.O. Box 24085 400 22 Göteborg						
P.O. Box 24085						
P.O. Box 24085 400 22 Göteborg Sweden						
P.O. Box 24085 400 22 Göteborg Sweden	a for competence A1 A2 an	nd A part 1				
P.O. Box 24085 400 22 Göteborg Sweden Information A1= risk education	n for competence A1, A2 an	1				
P.O. Box 24085 400 22 Göteborg Sweden Information A1= risk education A2= risk education	for competence A1, A2 and	1				
P.O. Box 24085 400 22 Göteborg Sweden Information A1= risk education A2= risk education B1= risk education	n for competence A1, A2 and for competence B part 1	1				
P.O. Box 24085 400 22 Göteborg Sweden Information A1= risk education A2= risk education B1= risk education	for competence A1, A2 and	1				
P.O. Box 24085 400 22 Göteborg Sweden Information A1= risk education A2= risk education B1= risk education B2= risk education	a for competence A1, A2 and for competence B part 1 a for competence B part 2	1	portstyrels	sen.se		