

Based on the information provided below, I hereby request that my valid license or certificate shall be kept with the Swedish Transport Agency.

<input type="checkbox"/> UL (FPL)	<input type="checkbox"/> UL (H)	<input type="checkbox"/> UL (S)	<input type="checkbox"/> AFIS
<input type="checkbox"/> UL Annex (FPL)	<input type="checkbox"/> UL Annex (H)	<input type="checkbox"/> UL Annex (S)	

### Applicant information

Surname (in block letters)		Date of birth
Forename (List all given names, first name underlined)		
Address	Postal code and city	
Country	Telephone number	E-mail address

**Please note that you must also include the original copy of your license/certificate with your application!**

### The accuracy of the above information is hereby certified

Date	Printed name	
Signature		
City	License/certificate number	

Please send your application and the original certificate by regular mail to: Transportstyrelsen, 601 73 Norrköping