

Application for validation of Flight Crew Licence – Private operations

		☐ For Private Op	perations -	· VFR and IR	
	☐ For Private Operations – VFR-only				
Personal particulars of applicant					
Surname		Christian name			
Address		City and zipcode			
Phone		E-mail			
Date of birth		Place of birth	Nationality	tionality	
Previous Swedish validation		Additional information (not	Additional information (not mandatory)		
Yes, with number					
□ No					
Type of original licence		Licence cathegory	Licence cathegory		
□ ATPL □ CPL □	MPL PPL	☐ Aeroplane ☐ Helicopt	er		
Licence number	Valid until (dd/mm/yyyy)	Country of issue	Date of iss	ue (dd/mm/yyyy)	
Licence limitations or endorsements		Additional information (not mandatory)			
Licence converted from other state		If converted licence, state nationality of original			
☐ Yes ☐ No					
Radio telephony rating held		ICAO Language proficiency	rating - En	glish	
☐ English ☐ National		Date of test (dd/mm/yyyy)	Level	Valid until (dd/mm/yyyy)	
Class of foreign medical		Foreign medical - valid until (dd/mm/yyyy)			
☐ Class 1 ☐ Class 2					
annly for validation of following ra	tings stated in my ICAA licenc	o (only type, class and IP rati	nas nermitt	ed)	
l apply for validation of following ratings stated in my ICAO licence (Rating Valid until (dd/mm/yyyy) IF		R valid until (dd/mm/yyyy) Function (Copi or Pic)			
izenia	vana antii (aa/iiiii/yyyy)	vana untii (uu/iiii/yyyy)	1 diletto	(σορι σι τ ιο)	

Alt. 1 Requirements for private VFR and IR operations according to Part-FCL Annex III and fullfillment

	Performed date (dd/mm/yyyy)	Flight time
Demonstrate that he/she has acquired knowledge of English in accordance with Part-FCL.055		
Demonstrate that he/she has acquired knowledge of Air Law, Aeronautical Weather Codes, Flight Planning and Performance IR, and Human Performance		
Complete the skilltest for instrument rating and the type or class ratings relevant to the privileges of the licence held, in accordance with Appendix 7 and Appendix 9 to Part-FCL		
Have a minimum of experience of at least 100 hours of instrument flight time as pilot-in-command in the relevant category of aircraft		

Alt. 2 Requirements for private VFR operations only, according to Part-FCL Annex III and fullfillment

	Performed date (dd/mm/yyyy)	Flight time
Demonstrate that he/she has acquired language proficiency in accordance with Part-FCL.055		
Demonstrate that he/she has acquired knowledge of Air Law and Human Performance		
Pass the PPL skill test set out in Part-FCL		
Have a minimum of experience of at least 100 hours of as pilot in the relevant category of aircraft		

Documents to be enclosed the application for validation

	Enclosed
Copy of performed English Language proficiency examination form	
Copy of certificate of performed theoretical examination	
Copy of performed skill test examination form	
Extract of the flight logbook of flight time for the relevant category, according to the Part-FCL requirements	
Copy of passport or birth certificate	
Copy of ICAO licence	
Copy of ICAO Medical certificate (if not included in the licence)	
Confirmation from the issuing authority whether the licence is converted from other state or not	

Attention! You can send your application together with common documents by e-mail. We only accept documents, including this application, in a **pdf format**. You will then have a confirmation, by e-mail, of registration of your application together with a unique reference number. Please refer to this number in <u>every</u> contact with us.

E-mail address: certifikat.w3d3@transportstyrelsen.se or send by mail to: Transportstyrelsen, SE-601 73 Norrköping, Sweden

I, undersigned, hereby apply for validation according to the regulations in Part-FCL Annex III of my Flight Crew Licence and also confirm that the information given above were correct at the time of application.

Place	Date	Applicants signature