Request for duplicate of licence or medical certificate

Applicant's signature You may submit your application as follows: by e-mail to: certifikat.w3d3@transportstyrelsen.se	Personal data Name Personal id Address Postal code Postal town/city Telephone number Email address I hereby certify the accuracy of the information provided above Place and date Applicant's name Applicant's signature You may submit your application as follows: by e-mail to: certifikat.w3d3@transportstyrelsen.se Please note that we accept only PDF files			Medical certificate		issuance of a duplic
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