

**Applicant information**

Last Namn		Date of birth (yyyy-mm-dd)	
First and middle names (Given name in block letters)			
Street or box		Postal code and city	
Telephone	E-mail		
Nationally		Current licence No	
Date of settlement in Sweden or employer since date			

**Following documents are needed and attached or sent separately (mark with one(s)):**

<input type="checkbox"/>	Application form for the transfer of medical records between medical sections of licensing authorities, see form L 1873
<input type="checkbox"/>	Certified copies of your current PART-FCL (or JAR-FCL) licence and medical certificate class 1 or 2
<input type="checkbox"/>	Certified copies of your passport or birth certificate
<input type="checkbox"/>	I certify that I currently do not hold additional PART-FCL (or JAR-FCL) licenses in the same category or any other category

*According to the Swedish Aviation Ordinance, the civil aviation authority shall keep a licence register. Your personal information given on this form will be entered in this register. You are entitled to receive an extract with your personal information from the register once every calendar year upon request.*

I apply for Sweden to become the state of licence issue for my PART-FCL pilot licence, and I declare that the information provided in this form is true and correct.	
Date and place	Signature of applicant