

Application to change the state of issue of PART-FCL (or JAR-FCL) licence to Sweden

Applicant information			
Last Namn			Date of birth (yyyy-mm-dd)
First and middel 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 sind	ce date		
Following documents are needed and	attached or sent ser	parately (mark	wich one(s)):
Application form for the transfer of medica	ıl records between medi	ical sections of lic	ensing authorities, see form L 1873
Certified copies of your current PART-FCL	(or JAR-FCL) licence a	and medical certifi	cate class 1 or 2
Certified copies of your passport or birth of	ertificate		
I certify that I currently do not hold addition	nal PART-FCL (or JAR-F	FCL) licenses in the	ne same category or any other category
I apply for Sweden to become the state of licer this form is true and correct.	nce issue for my PART-F	FCL pilot licence,	and I declare that the information provided in
Date and place		Signature of ap	plicant
		1	

Du kan e-posta din ansökan till adressen: <u>certifikat.w3d3@transportstyrelsen.se</u>

Obs! Vi accepterar endast <u>Pdf-filer</u>.

Var noga med att i ämnesraden i mejlet ange vad ärendet gäller och vilket certifikat/behörighetsbevis det avser.