

Application to Change the Competent Authority for Issue of Pilot's Licence or Associated Ratings or Certificate to the United Kingdom from another EASA Member State



Please complete this form online (preferred method) then print, sign and submit as instructed.
Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.
Please read attached Guidance Notes before completing this form.

CAA Use only:

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part MED.A.030 and Part FCL.015).

Your medical records must be held by the UK CAA, otherwise your application will be rejected.

1. APPLICANT DETAILS

(The Applicant is responsible for payment of CAA charges)

To be completed by the Applicant

CAA Personal reference number (if known):

Employer (if applicable)

Title: Forename(s): Surname:

Date of birth (dd/mm/yyyy): Nationality:

Town of birth: Country of birth:

Permanent Address:

..... Postcode:

Telephone: Mobile telephone:

E-mail:

A certified copy of your valid Passport, EEA/EU National Identity Card or Full EU Photographic Driving Licence (see Guidance Note 3) must accompany your application as proof of identification.

2. ADDRESS FOR CORRESPONDENCE (if different from above)

To be completed by the Applicant

Postal Address:

..... Postcode:

3. MEDICAL FITNESS

To be completed by the Applicant

Class of Medical Certificate held	Date of last Medical	Date of Expiry	CAA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following

My medical examination will take place at: on:

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in the United Kingdom. European Commission Regulation (EU) No. 1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

4. PARTICULARS OF NON-UK ISSUED JAR-FCL OR PART-FCL LICENCES HELD			To be completed by the Applicant
Issuing Authority	Type/Class of licence	Licence Number	Expiry Date

5. RATINGS HELD							To be FULLY completed by the Applicant
This section is to be completed, unless you provide a clear photocopy of your Certificate of Revalidation.(Should the copy not be clear, it will result in being asked for a clear copy which will delay your application). Please give the date of the most recent Skill Test, Licensing Proficiency Check or Revalidation by Experience for <u>each</u> type and/or class rating to be endorsed on your Part-FCL Licence.							
Rating or Certificate held	Single Pilot (SP) or Multi-Pilot (MP) or Both	Date of Test	Date of IR Test (if applicable)	Expiry Date of Rating	Examiners Licence Number and Name	CAA Use Only	

6. CONVERSION OF ADDITIONAL RATINGS				To be FULLY completed by the Applicant
Enter details of additional ratings applied for such as aerobatic, sailplane, banner towing or mountain flying rating.				
Licence Rating applied for	Show logbook evidence/course certificate	Date of flight to Demonstrate competence	CAA Use Only	

7. INSTRUCTOR CERTIFICATES HELD				To be completed by the Applicant	
Please give the date of the most recent revalidation or renewal of Instructor Ratings held and please indicate the instructor privileges previously or currently being exercised.					
Instructor Rating held	Date of Revalidation	Expiry Date of Rating	Examiners Licence Number and Name	CAA use only	
PPL	CPL	IR	MPL	FIC	Night
Aerobatic	Towing: Sailplane		Banner	SP HPC(A)	
Simulator only	Aircraft and Simulator				

8. EXAMINER CERTIFICATES HELD				To be completed by the Applicant	
Please give the date of the most recent revalidation or renewal of Examiner Certificates held and please indicate the examiner privileges previously or currently being exercised.					
Examiner Rating held	Date of Revalidation	Expiry Date of Certificate	CAA use only		
FE-PPL	CPL	IR	Mountain Rating	CRE SE	ME
TRE SEP HPC(A)	Simulator only		Aircraft and Simulator		

9. DECLARATION OF APPLICANT (tick as appropriate)		To be completed by the Applicant
I declare that the information provided on this form is correct and I have requested the transfer of my licensing and medical records in accordance with FCL.015(d).		
I agree to receive:		
Flight Crew Safety material from the CAA only	or	Safety material from authorised sources

Signature:	Date:
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PLEASE REFER TO THE FALSE REPRESENTATION STATEMENT ON PAGE 1

10. CAA USE ONLY	
Date of issue	Enclosures
Checked by.....	Despatch/collection details
Loaded by.....	
Signed by	

