

**Application form for the transfer of medical records
between medical sections of licensing authorities**

CONSENT BY APPLICANT

Please complete the form in block capitals

I, (Name of applicant) apply for and consent to my aeromedical records being transferred between the Authority Medical Sections of the Licensing Authorities stated below and accept responsibility for any fees incurred in translating or transferring my records.

Signature..... Date.....

ITEM	DESCRIPTION	THIS PAGE TO BE COMPLETED BY THE APPLICANT	
1	State of Transfer TO: Licensing Authority Name: Address: Telephone Email:		
2	State of Transfer FROM: Licensing Authority Name: Address: Telephone: Email:		
3	Full name of applicant		
4	Address of applicant		
5	Date of birth (dd/mm/yyyy)		
6	Nationality of applicant		
7	Reference Number/ Medical Certificate Number/Licence number (as appropriate)		
8	Licence(s) held (e.g. ATPL/CPL/MPL/PPL)		Restrictions or limitations (if any)
9	Issuing authority		

