

A – SUPPORTING DOCUMENTS

The following shall be attached to the application - mark in the appropriate box

Copy of licence Copy of medical certificate Passport photo and ID(copy)

Before the application is processed ICETRA form for transfer of medical records has to be completed by the relevant authority and sent to the ICETRA aeromedical section. It is the responsibility of the applicant to request this transfer of medical details.

B – APPLICANT DETAILS

Full name		Date of Birth
Permanent address and postcode		Licence no
Training Organisation (ATO)	E-mail address	Telephone/mobile

C – PARTICULARS OF NON ICELANDIC JAA/EASA LICENCE HELD

State of Licence issue	Type of Licence	Licence Number
Valid ratings and privileges	Expiry Date	

D – PARTICULARS OF NON ICELANDIC JAA/EASA MEDICAL CERTIFICATE HELD

State of initial issue	Class	Date of last medical examination	Certificate expiry date
------------------------	-------	----------------------------------	-------------------------

Details of any Medical Certificate Variations/Limitations

--

D – SIGNATURE

I, the applicant, hereby declare that I do not hold or have applied for the privileges applied for on this application in another member state, nor have I had my privileges revoked or suspended in another member state.

I confirm that information given on this form is correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, the licensing authority may refuse to grant me or may revoke privileges applied for or already held, without prejudice to any other action applicable under national law.

Place: _____ Date: / _____

Applicant signature