**APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY - TRANSFER OF ATCSL AND ATCL**

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| Please fill in, sign it and deliver it together with attachments to address: Úřad pro civilní letectví, K letišti 1149/23, 161 08 Praha 6, Czech Republic / data box: v8gaaz5 | |
| **Part A: Applicant details:** | |
| Full Name (LAST and first names): | |
| Date and Place of Birth: | |
| Permanent Address: | |
| Postal Address: | |
| E-mail: | Mobile: |
| Identity Card Number (Czech citizens): | Passport Number (foreign nationals): |

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| **Part B: I am a holder of this ATCL / ATCSL licence:** |
| Current competent authority: |
| Future competent authority: **Civil Aviation Authority Czech Republic, K letišti 1149/23, 161 08 Praha 6, Czech Republic** |
| ATCL number: |
| ATCSL number: |
| Class and Number of the latest Part-MED medical certificate: |

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| **Part C: Attachments to the application** (copies)**:** |
| 1. Passport (foreign nationals) or identity card (Czech citizens)  2. ATCL / ATCSL licence(s)  3. Latest issued Part-MED Medical certificate |

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| **Part D: Declaration and consent:** | | |
| I hereby apply for a change of competent authority from my current competent authority to the future competent authority. To that end, I consent to a transfer of medical records, including the transfer of medical records and associated exchange of information between the current and future competent authorities. I apply for transfer of all my licences issued in accordance with Regulations (EU) No 2015/340 within the different categories and I consent with associated exchange of information between the current and future competent authorities.  I will immediately surrender my current licences/certificates and medical certificate to the future competent authority upon receiving the ‘new’ licences/certificates and medical certificate. I understand that the current competent authority remains my competent authority until I have received the new licences/certificates and medical certificate, as applicable, issued by the future competent authority. I hereby declare that I have not submitted any other request to another competent authority than the future competent authority as indicated above.  I declare that the information provided on this application form is true, complete, and correct. Any incorrect information on this form or non-compliance with the requirements of Regulations (EU) No 2015/340 could disqualify the applicant from having his /her records transferred from the current to the future competent authority.  I am aware that transferred ATCL / ATCSL licence is not send by post and will be only handed over to applicant personally after showing the original identity card (Czech citizens) or passport and a document proving residence (foreign nationals). I agree to immediately surrender my current licences and medical certificate to the Civil Aviation Authority Czech Republic upon receiving the Czech licence and medical certificate. | | |
| Place: | Date: | Signature of Applicant: |

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| **Part E: Fee:** |
| 1.000,- CZK, Account No: 3711-3727061 / 0710 Variable symbol: on request IBAN: CZ48 0710 0037 1100 0372 7061 SWIFT: CNBACZPP |

CAA/F-SP-115-0/2023