**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