

Application for change of competent authority

Application of change of competent authority according to Commission Regulation (EU) No 1178/2011 Annex VI ARA.GEN.360

Please fill in the framed fields of the form, sign it and send it together with attachments to pilots@austrocontrol.at and medical@austrocontrol.at, or via FAX to +43 51703 1536, or by post to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Competence

Current competent authority/Country:

Future competent authority:

2 Applicant

Title First Name Last Name

Street City Post Code Country

Phone E-Mail

Date of Birth (DD/MM/YYYY) Place of Birth Nationality

3 Licence details

Aircraft Category Type of Licence Date of Issue

Licence Number

4 Attachments (Please attach, if not specified differently, copies of the listed documents to the application)

- Latest issued licence
- Latest issued medical certificate

5 Authorisation

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 1178/2011, (EU) 2018/395, and (EU) 2018/1976 within the different categories.

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 have submitted all the necessary paperwork for my application to be considered. 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 essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 could disqualify the applicant from having his records transferred from the current to the future competent authority.

Place Date Signature of Applicant