

## 1 Explanation

1.1 This form is used for the transfer of a Part-FCL licence from a EU-member state to a Dutch Part-FCL licence.  
 1.2 Incomplete or incorrectly filled in forms (including the absence of additional documents) will not be processed.  
 1.3 After Kiwa Register has received your application and after confirmation of the licence- and medical transfer, you will receive an invoice for the payment.

1.4 For additional information please visit our website: [www.kiwaregister.com](http://www.kiwaregister.com).  
 1.5 Please send the application including the enclosures as separate PDF-files (see point 7) to Kiwa Register at the address stated above.

## 2 Particulars of applicant

2.1 Name		
2.2 Given name(s)		
2.3 Address		
2.4 Postal code and place of residence		
2.5 Country		
2.6 Date of birth and nationality		
2.7 Place of birth and country of birth		
2.8 Netherlands resident since		
2.9 Passport number and state of issue		
2.10 Profession and employed by		
2.11 Telephone number(s)	Private	Office
	Mobile	Fax
2.12 E-mail		

## 3 Foreign licence

3.1 Licence type and number	
3.2 Issued in	
3.3 Date of issue and valid until	

## 4 Medical

4.1 Medical	<p>Please note:                  Your EU licence cannot be issued unless your medical records have been transferred to The Netherlands and assessed by the Human Environment and Transport Inspectorate (ILT). Kiwa Register will only proceed to issue the licence after the transfer of the medical records has been confirmed by the ILT to Kiwa Register.</p> <p>For more information of the procedure and application form for the transfer of the medical records please visit <a href="http://www.ilent.nl">www.ilent.nl</a>.</p>
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## 5 Method of payment

5.1 Select your method of payment	<input type="checkbox"/> Payment by means of an invoice <input type="checkbox"/> Payment through running account of my employer
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Enclosures

6.1 Enclose the following documents with the application

In order to assess your application, Kiwa Register requires you to attach the following documents (if relevant) to the application form. Select the documents that accompany your application. Please send the documents as separate PDF-files. For example: A copy of your passport as one PDF, a copy of your medical as one PDF-file.

- Copy of your foreign licence and medical
- Copy of your passport

7

Signature

7.1

I, \_\_\_\_\_, \_\_\_\_\_ (last name, first name) 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 the licence 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 to the future competent authority upon receiving the 'new' licences/certificates. 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.

7.2 Place and date

7.3 Signature applicant