

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.
 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) | <table border="0"> <tr> <td>Private</td> <td>Office</td> </tr> <tr> <td>Mobile</td> <td>Fax</td> </tr> </table> | Private | Office | Mobile | Fax |
| 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 www.ilent.nl.</p> |
|-----|---------|--|

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 |
|-----|-------------------------------|--|

6

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 Place and date

I declare that all required information has been provided completely and truthfully.

7.2 Signature applicant