

Hrvatska agencija za civilno zrakoplovstvo / Croatian Civil Aviation Agency
aeromedical@ccaa.hr

Reference: Commission Regulation (EU) No 1178/2011 FCL.015 (d); ARA.GEN.360(a)(2)

The language accepted: Croatian / English. If necessary, translation of aero-medical records for other languages is the responsibility of the applicant - records must be translated into Croatian or English and authenticated by a certified translator. If there is insufficient space on this form for any information, please use additional pages.

Applicant documents required for transfer: - a copy of passport. Pilot licence and current medical certificate

TO BE COMPLETED BY APPLICANT					
State (Licensing Authority) of transfer FROM					
State (Licensing Authority) of transfer TO					
Full name of the applicant					
Address of applicant					
Contact details	Email			Phone number	
Date of birth (dd/mm/yyyy)		Nationality of the applicant			
Licence(s) held	Type			Reference No	
Restrictions or limitations (if any)					
Medical certificate class		Validity of medical certificate (dd/mm/yyyy)			
Initial medical certificate (year)					
Reference: Commission Regulation (EU) No 1178/2011 - AMC1 ARA.GEN.315(a) Under full civil and criminal liability, I declare: - That I am not holding any medical certificate in the same category issued in another Member State, - That I have not applied for any medical certificate with the same scope and in the same category in another Member State; - I have never held any medical certificate in the same category issued in another Member State which was revoked or suspended in any other Member State					
Reference: Commission Regulation (EU) No 1178/2011 - FCL.015 (d); The EU General Data Protection Regulation (GDPR) I authorize and give my consent to transfer of my aero-medical records (forms and attachments) between the Licensing Authority Aero-medical Sections /Medical assessors stated above, in paper or electronic format (digital file), recognizing that these data are to be used for a licence transfer and I am aware that medical confidentiality will be respected at all times.					
Date (dd/mm/yyyy)		Signature of applicant			