

Hrvatska agencija za civilno zrakoplovstvo / Croatian Civil Aviation Agency

Buzinski krči 5, Buzin, 10 010 Zagreb_Tel.: +385 1 2369 300; e-mail: aeromedical@ccaa.hr

- TO BE COMPLETED BY APPLICANT -

Along with this application, which must be signed by hand, a copy of the passport, pilot license, and current medical certificate must be submitted. These documents can be sent by email to aeromedical@ccaa.hr, but the original signed application form should be submitted in person, by someone or sent by post to the CCAA address.

APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY	
Reference: Aircrew Regulation FCL.015 (d); ARA.GEN.360(a)(2) & ATCO Regulation ATCO.A.010; ATCO.AR.D.003(a)(2)	
CURRENT COMPETENT AUTHORITY (State (Licensing Authority) of transfer FROM)	
FUTURE COMPETENT AUTHORITY (State (Licensing Authority) of transfer TO)	
Full name of the applicant (Last and first name)	
OIB (for HR citizens)	
Date of birth (dd/mm/yyyy)	Nationality(s)
Address	
Contact details	Email Phone number
Licence(s) held	Type Reference No
Medical certificate class / Ref. No.	Validity of medical certificate (dd/mm/yyyy)
Initial medical certificate (year)	Restrictions or limitations (if any)
<p>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 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Member State, and I have never held any medical certificate in the same category issued in another Member State which was revoked or suspended.</p> <p>I authorise and give my consent to the 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, recognising that these data are to be used for a licence transfer, and I am aware that medical confidentiality will be respected at all times.</p> <p>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 any other competent authority than the future competent authority as indicated above. I declare that all information provided on this application form is true, complete, and correct.</p>	
Date (dd/mm/yyyy)	Signature of applicant

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 other relevant information, please use additional pages.