

Bitte senden Sie diesen Antrag vollständig und unterschrieben an Bezirksregierung Münster, Domplatz 1-3, 48143 Münster oder per E-Mail an fluglizenzen@brms.nrw.de

Bezirksregierung
Münster



INFORMATION FORM FOR THE TRANSFER OF A PART-FCL LICENCE

ITEM	ICAO Annex 1 Nr.5.1.1.2	Description		
1	(I)	State/Country of licence issue		
2	(II)	Title of licence (Grade/Level)		
3	(III)	Licence number		
4	(IV)	Full name of holder (as it appears on pilot licence)		
5	(IVa)	Date of birth		
6	(V)	Address of holder		
7	(VI)	Nationality of holder		
8	(VIII)	Issueing authority		
9	(X)	Date of licence issue		
10	(XII)	Ratings held	Rating	Valid until
11	(XIII)	Remarks, limitations and endorsements, Expire Date		
12	-	Past or pending enforcement action	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please give details on a separate page)	
I, _____ (Name/given name) hereby authorize the foreign issuing CAA to provide all pertinent information to the Bezirksregierung Münster, regional CAA				
Date , Airman's signature				
The licence is not under revocation or suspension by the country that issued the licence. Verification of Authenticity of Foreign Licence / Rating and name confirmed.				
Signature and Licensing authority stamp			Date	