Form for the transfer of aero-medical records between aero-medical sections of licensing authorities

– for the purpose of change of State of licence issue

AMS BG CAA – med@caa.bg

Personal data protection information can be found on: https://www.caa.bg/bg/category/747/8879

The form should be completed in block capitals using black or blue ink.

Please note: *Only English Language accepted: (Any charges incurred for translations are the responsibility of the Applicant)*

TO BE COMPLETED BY APPLICANT				
State of Transfer FROM: (*Country and Authority)*				
State of Transfer TO: (*Country and Authority)*				
Full name of the applicant				
Date of birth (dd/mm/yyyy)		*Nationality*		
Address of the applicant				
Contact details	*e-mail*		*Phone number*	
Licence(s) Held	*Type: (ATPL/CPL/ PPL)*		*Reference No.*	
Restriction or Limitations (if any)				

MEDICAL CERTIFICATE			
Reference No.	*Class*	*Initial medical certificate (year)*	*Validity of current medical certificate (dd/mm/yyyy)*

I hereby declare that:

- I apply for a change of my current competent authority and 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 am not holding any medical certificate in the same category issued by another Member State;
- I have not applied for any medical certificate with the same scope and 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- I have never held any medical certificate in the same category issued in another Member State, which was revoked or suspended in any other Member State;
- I have not submitted any other request to another competent authority than the future competent authority as indicated above;
- I authorize and give my consent to transfer my aero-medical records (forms and attachments) between the Licencing Authority Aero-Medical Sections / Medical assessors, in paper or electronic format, recognizing that these data are to be used for a licence transfer and medical confidentiality will be respected at all times.

I declare that the information provided on this application form is true, complete, and correct.
Any incorrect information in this form or non-compliance with the essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulation EU No 1178/2011, EU 2018/395 and EU 2018/1976 could disqualify me as applicant from having my records transferred from the current to the future competent authority.

Name and signature of the applicant:	*Date:*