



Send to:
postmottak@caa.no
or
Luftfartstilsynet
Postboks 243
8001 BODØ

Declaration of provisional inability

According to Regulation (EU) 2015/340, Annex I (ATCO.A.015, ATCO.B.025) and BSL G 2-1 (§ 21 and attachment 6, no.5), this form is sent to the Civil Aviation Authority – Norway by:

ANSP Employee

Personal details		
Last name:	First name:	
Address:	Zip code:	City:
Telephone number:	E-mail address:	
Date of birth:	Unit:	

Reason for provisional inability	
Medical ¹	¹ Declaration will be sent to section for Human performance and Training
Competence ²	² Declaration will be sent to section for Service, Certificate and registries
Actions taken:	