

APPROVED APPLICATION FORM ACCORDING TO EASA PART-FCL SUBPART B.

Send to:
postmottak@caa.no (pdf format only) or
Luftfartstilsynet
Postboks 243
8001 BODØ

Application for LAPL based on PPL/CPL/ATPL

Holder of licence							
2. Personal details of applicant Date of birth (dd.mm.yyyy) Licence number State of issue NORWAY Address Postal code and city Phone E-mail 3. Attachement to this form Copy of licence with at least one valid rating of the following: SEP(san), valid until: SEP(san), valid until: SEP(san), valid until: Helicopter type: valid until: Copy of valid LAPL medical valid until: Copy of valid LAPL medical valid until: I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have nover hold any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State.	1.	Holder of licence					
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Last name Address Postal code and city Phone E-mail 3. Attachement to this form Copy of licence with at least one valid rating of the following: SEP(land), valid until: SEP(sea), valid until: TMG, valid until: Helicopter type: valid until: Copy of valid LAPL medical valid until: Copy of valid LAPL medical valid until: I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State. I hereby declare that all the statements in connection with this application are complete and correct. I understand that any false or misleading statement could disqualify me from being granted a personell licence, certificate, rating, authorisation or attestation.	2. Personal details of applicant						
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TMG, valid until:		☐ SEP(land), valid until:					
Helicopter type: valid until:		SEP(sea), valid until:					
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4. Verification of compliance in accordance with ARA.GEN.315 and AMC1 ARA.GEN.315(a) I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State. I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State. I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same categroy issued in another Member State which was revoked or suspended in any other Member State. I hereby declare that all the statements in connection with this application are complete and correct. I understand that any false or misleading statement could disqualify me from being granted a personell licence, certificate, rating, authorisation or attestation.		☐ Language Proficiency Rating, level: valid until:					
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Date Signature of applicant							
	Date		S	Signature of applicant			

Luftfartstilsynet / CAA-Norway

Name of applicant:

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All attached copies shall be readable and in colour. Please note that failure to submit all required documentation may result in the return of your application.

Read our privacy policy here:

In order to process your application we need information about you for identification to secure that the rating/licence is issued/revalidated/renewed to the correct person. Your personal data will be handled in accordance with regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1)(e), Civil Aviation Act § 5-3 regulation on certifying crewmember and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.

Your personal data will be stored only as long as required for the purpose in which they were collected. You have the right to access your personal data, and, if necessary, have them corrected. If you believe that your personal data is not handled in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority. The Civil Aviation Authority – Norway (CAA-N) is responsible for the processing of your application. Contact our data protection officer at personvernombud@caa.no.

All written inquiries to CAA-N are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data which is subject to confidentiality.

Read our privacy policy here: https://luftfartstilsynet.no/en/about-us/privacy-policy/

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Name of applicant:

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