



FORM FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN MEDICAL SECTIONS OF LICENCING AUTHORITIES

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

CONSENT BY APPLICANT	
<p>I, (Name of applicant).....consent to my aeromedical records being transferred between the Authority Medical Sections of the Licensing Authorities stated below and accept responsibility for any fees incurred in translating or transferring my records.</p>	
Signature.....	Date.....

Please note:

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

ITEM	DESCRIPTION	THIS PAGE TO BE COMPLETED BY APPLICANT	
1	State of Transfer TO: Address: Telephone: Email:		
2	State of Transfer FROM: Address: Telephone: Email:		
3	Full name of holder		
4	Address of holder		
5	Date of Birth(dd/mm/yyyy)		
6	Nationality of holder		
7	Reference Number		
8	Licence(s) Held (e.g. ATPL/CPL/PPL)		Restrictions or Limitations (if any)

