

Tylko dla posiadaczy orzeczenia lotniczo-lekarskiego wydanego poza terytorium RP.
(Only for non Polish medical certificate holders)

**APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY
(GM1 ARA.GEN.360 Change of competent authority)**

	Full name: (LAST NAME and first names)
	Licence number
	Current competent authority Country and authority
	Future competent authority Country and authority

I, _____ (LAST NAME, first name) hereby apply for a change of competent authority from my current competent authority to the future competent authority. 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 apply for transfer of all my licences issued in accordance with Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 within the different categories.

I will immediately surrender my current licences/certificates and medical certificate to the future competent authority upon receiving the 'new' licences/certificates and medical certificate. I understand that the current competent authority remains my competent authority until I have received the new licences/certificates and medical certificate, as applicable, issued by the future competent authority.

I hereby declare that I have not submitted any other request to another competent authority than the future competent authority as indicated above.

I have fully reviewed the [please insert reference to the current competent authority's relevant information material] and have submitted all the necessary paperwork for my application to be considered. I declare that the information provided on this application form is true, complete, and correct.

Any incorrect information on this form or non-compliance with the essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 could disqualify the applicant from having his records transferred from the current to the future competent authority.

Signature:	Date:
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