**APPLICATION**

**FOR CHANGE OF COMPETENT AUTHORITY**

in accordance with the AMC 1 ARA.GEN.360(a)(1) and Cabinet Regulation No 225(2023)

**TO BE COMPLETED BY THE APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant details** | | | | |
| **Last name and first name:** | |  | | |
| **Date of birth:** | |  | | |
| **Adress/ post code:** | |  | | |
| **e-mail:** | |  | | |
| **phone:** | |  | | |
| **Title of licence(s) / certificate(s):**  *Including restriction(s) and corresponding licence(s) / certificate(s) number(s).*  *Indicate all licences and certificates (including medical certificate) currently held.*  *Indicate only the related certificate(s) if you do not hold a valid licence anymore (e.g. SFI(A)).* | |  | | |
| **Current competent authority:**  **(***name of country and authority***)** | |  | | |
| **Future competent authority:**  **(***name of country and authority***)** | |  | | |
| **Reason of change of competent authority** (acc. Cabinet Regulation No 225(2023)) | | | | |
| An applicant is a citizen, non-citizen of Latvia, or foreigner who in accordance with the Immigration Law has legal grounds to stay in the Republic of Latvia | | *Explanation and attached evidences:* | | |
| A foreigner who has entered into employment legal relationship with the aircraft operator regarding piloting an aircraft registered in the Register of civil aviation aircrafts of the Republic of Latvia. | | *Explanation and attached evidences:* | | |
| Other reason | | *Explanation and attached evidences*: | | |
| ***DECLARATION BY APPLICANT:***  I, 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 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.  I am informed that the request of change on competent authority will be refused if if I do not comply with Cabinet Regulation No 225 (2023).  I am informed that the protection of personal data is ensured in accordance with the Regulation (EU) 2016/679. | | | | |
| **Signature:** |  | | **Date:** |  |

**FOR CAA official USE ONLY**

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| **Application registered (date):** | |  | | **Application No:** |  |
| **The CAA decision on eligibility:** | | **comply\* /  not comply** | | **Reason for refusal:** |  |
| **Payment for verification request (\*if comply only):**  **(***acc. Cabinet Regulation No. 891 prepared point 3.1***.):** | | |  | | |
| **Remarks**: |  | | | | |
| **Documentation checked & decision prepared by:** | | |  | | |
| **Signature:** |  | | **Date:** | |  |