**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**

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| **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:** |  |