

Part A – Personal Details – Please typewrite or use block letters

Last name		Given name	
Date of birth	Sex	Telephone number	
	Male <input type="checkbox"/>	Home	fax
	Female <input type="checkbox"/>	Work	Mobile
		Email	
Citizenship		Permanent address outside Italy	
Temporary address in Italy			

Part B – Foreign Licence Information

Type of Licence	Country of issue
Foreign Licence Number	Ratings
Date of Last medical Examination	Aero medical centre/examiner _____

CONTACT DETAILS OF THE ISSUING AUTHORITY: Name of the contact person _____
 E mail _____ phone _____ fax _____

Part C – Foreign Licence Validation Certificate Purpose

<input type="checkbox"/> Commercial <input type="checkbox"/> Non commercial <input type="checkbox"/> Specific task	Commercial operations TP _____ AW _____ Instrument rating yes <input type="checkbox"/> no <input type="checkbox"/>
--	--

Part D – to be included with this application

COMMERCIAL AIR TRANSPORT AND/OR COMMERCIAL ACTIVITIES

<input type="checkbox"/>	Foreign licence
<input type="checkbox"/>	Valid Class 1 Medical certificate
<input type="checkbox"/>	Identification document
<input type="checkbox"/>	Relevant pages of the logbook
<input type="checkbox"/>	Declaration of the Italian operator for which applicant flies or intends to fly
<input type="checkbox"/>	Evidence that the applicant has acquired knowledge of the relevant parts of Part OPS and Part FCL
<input type="checkbox"/>	Certificate of English proficiency (FCL.055)

- PART FCL skill test report
- Receipt issued upon payment of euro 283,00 (Fee ID code R39A-1) - "SERVIZI ONLINE" on Enac web page

NON COMMERCIAL ACTIVITIES WITH AN INSTRUMENT RATING

- Foreign licence
- Valid Class 2 Medical certificate
- Identification document
- Relevant pages of the log book showing at least 100 hours of IFR times
- certificate of successfully completion of Air Law, Aeronautical Weather Codes, Flight Planning and Performance (IR) and Human Performance theoretical examination within IR TKT sitting
- Certificate of English Proficiency (FCL.055)
- PART FCL skill test report form
- Receipt issued upon payment of euro 283,00 (Fee ID code R39A-1) - "SERVIZI ONLINE" on Enac web page

NON COMMERCIAL ACTIVITIES WITHOUT AN INSTRUMENT RATING

- Foreign licence
- Valid Class 2 Medical certificate
- Identification document
- Relevant pages of the log book showing at least 100 hours of flight times
- ATO/DTO evidence of theoretical knowledge of Air Law and Human Performance (FCL.210)
- English and or Italian Proficient Certificate (FCL.055)
- PPL skill test report (in case the test is performed in Italian, the Italian language proficiency shall be assessed by the FE).
- Receipt issued upon payment of euro 283,00 (Fee ID code R39A-1) - "SERVIZI ONLINE" on Enac web page

SPECIFIC TASK(S)

- Foreign licence
- Valid Class 1 ICAO Medical certificate
- Identification document
- Declaration of employment by the manufacturer
- Receipt issued upon payment of euro 283,00 (Fee ID code R39A-1) - "SERVIZI ONLINE" on Enac web page

BALLOON PILOT LICENCE (BFCL) AND SAILPLANE PILOT LICENCE (SFCL)

- Foreign licence

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Valid Class 2 ICAO Medical certificate |
| <input type="checkbox"/> | Identification document |
| <input type="checkbox"/> | Receipt issued upon payment of euro 283,00 (Fee ID code R39A-1) - "SERVIZI ONLINE" on Enac web page |

I hereby declare that I am not the subject of any past or pending enforcement action in any State.

I declare that:

- I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category of aircraft, issued in another Member State (other than the one I apply to be transferred)
- I didn't apply 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 category issued in another Member State which was revoked or suspended in any other Member State.

I am aware that any incorrect information provided on this form can prevent me from being granted a personnel licence, certificate, rating, authorisation or attestation.

(I am fully aware of responsibilities and criminal penalties provided for by law in case of false claims, and I hereby affirm that the details given above are true and correct (Decree of the President of the Republic No.445/2000, art. 76). I also consent to the use of my personal information to enable the relevant Authority to process my request, in compliance with Law 675/96, art. 10.

Date _____

Signature _____