

**Transfer of medical documentation for the State of Licence Issue (SOLI) change of
a flight license or attestation and related ratings and certifications
Application Form**

ENAC
Funzione Organizzativa Medicina Aeronautica
Aeromedical Section
Viale del Castro Pretorio, 118 00185 Roma
mailto: medical.verification@enac.gov.it

Subject: _____
Last name *Name*

Application for the transfer of medical documentation for the State of Licence Issue (SOLI) change of a flight license or attestation and related ratings and certifications.

I, the undersigned _____
Last name *Name* *(D.o.B.)*

aware of the legal sanctions in art.76 of the Presidential Decree no. 445/2000 for fraudulent statements, pursuant the foreseen procedure,

apply for

the SOLI Form issue and my own medical files and records transmission for the change of the State of Licence Issue under the responsibility of the receiving EASA National Aviation Authority (NAA) _____

indicate the receiving EASA National Aviation Authority (new State of Licence Issue - SOLI)

declare,

under my own responsibility, according to articles 46 and 47 of the Presidential Decree no. 445/2000, that:

- I have never been declared permanently unfit by an AME or an AeMC;
- I am not holding presently any other valid medical certificate issued in my favour in another EASA Member State (other than the one I apply to be transferred);
- I have been informed, pursuant and Legislative Decree no. 196/2003, that my medical data will be stored, even electronically, and will be used for purposes relating to the transfer of my medical records and the release of the SOLI Form

enclose:

- attachments 1 and 2 of the present Form;
- Consent to release of medical information declaration;
- valid Id. document;
- held medical certificate.

Date _____ Applicant's Signature _____

Attachment 1	PERSONAL DETAILS
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a. Last Name:

b. Name:

c. Date of Birth:

d. Place of birth:

e. State:

f. Passport/ID:

g. Normal residency address:

h. Phone/mobile:

i. E-mail/Fax:

j. Type and number of EASA flight licence held:

k. State of issue:

Attachement 2	MEDICAL DETAILS
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- a) **Class of the medical certificate held (Class 1/2/LAPL):** _____
- b) **Date of Class 1 Initial medical:** _____
(if applicable)
issued by: _____
- c) any limitations put on the medical certificate:

- d) **Date of Class 2/LAPL Initial medical:** _____
issued by: _____
- e) any limitation put on your medical certificate:

- f) **Date of the last renewal/rivalidation of the held medical certificate:**
Class 1 _____ by _____
Class 2/LAPL _____ by _____
- g) **Date of last audiogram performed** _____
by _____
- h) **Date of last electrocardiogram performed** _____
by _____
- i) **Indicate any significant current or past illnesses, trauma, surgery suffered:**
cause and date:

cause and date:

Consent to release of medical information

Pursuant to the applicable law, I hereby authorize the AeMC, the AME, the ENAC Aeromedical Section and where requested the AMS of another State, the release of all the needed information, recognizing that these or other electronically stored data will be used for purposes relating to the transfer of my medical records and the release of the SOLI Form and will become and remain the property of the Authority, providing that I or my physician may have access to them according to applicable laws. Medical Confidentiality will be respected at all times

Date _____ Applicant's signature _____