



Swiss Confederation

<b>APPLICATION FORM FOR THE CHANGE OF COMPETENT AUTHORITY</b>		
Applicant details:	Full name (Last and first names)	
	Date of birth (dd/mm/yyyy)	
	Nationality	
	Place and country of birth	
	Place of origin (for Swiss citizens only)	
	Address: Street Country, ZIP code, city	
	Contact details (a) Email	(a) _____
	(b) Phone number	(b) _____
	Address of employer to which the licence and invoice should be sent (if different from above)	
	Title of licence(s)/certificate(s) (including restriction(s)) and corresponding licence(s)/certificate(s) number(s) *	
	Current competent authority	
Future competent authority		
<p>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.</p> <p>I will immediately surrender my current licences/certificates to the future competent authority upon receiving the “new” licences/certificates.</p> <p>I understand that the current competent authority remains my competent authority until I have received the new licences/certificates, as applicable, issued by the future competent authority.</p> <p>I hereby declare, that I have not submitted any other request to another competent authority than the future competent authority as indicated above.</p> <p>I declare that the information provided on this application form is true, complete and correct.</p> <p>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 Regulation (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.</p>		
Signature:	Date:	

\* Indicate all licences and certificates currently held.

ADMINISTRATIVE INFORMATION – FOR FOCA ONLY

**Enclosures:**

- Copy of your foreign Part-FCL licence
- Copy of your passport
- Copies of the last two log book pages
- If MP rating to be accepted: a copy of last check form is required
- Copy of the ATPL theory exam - result of each subject is required
- Certificate of MCC course (if not entered in the licence)

**Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.**

**Your complete application may be sent by email to: [sb\\_licenzen@bzl.admin.ch](mailto:sb_licenzen@bzl.admin.ch)**

Federal Office of Civil Aviation (FOCA)  
Safety Division - Flight Operations  
Flight Personnel / Licensing Office  
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