



Luftfartstilsynet

CIVIL AVIATION AUTHORITY NORWAY

Send to:

postmottak@caa.no (pdf format only) or
Luftfartstilsynet
Postboks 243
8001 BODØ
NORWAY

The fee for change of competent authority is stated in the [Regulations on fees to the Civil Aviation Authority](#) (BSL A 1-2, in Norwegian)

Application for change of competent authority to Norway (PART-FCL licence)

Date of birth (dd.mm.yyyy)	Current competent authority	Current licence number	Future competent authority NORWAY
Last name		First name(s)	
Address		Postal code, city, country	
Phone		E-mail	
Title of licence(s)/certificate(s) including restriction(s)			
Please attach: <input type="checkbox"/> Copy of FCL-licence <input type="checkbox"/> Copy of examiner certificate (if applicable) <input type="checkbox"/> Copy of passport			

Declaration and verification of compliance

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 my current authority will remain my competent authority until I receive a notification from CAA Norway that they have received my surrendered licenses/certificates and medical certificate.

I hereby declare that I have not submitted any other request to another competent authority than the future competent authority as indicated above.

I have fully reviewed the information that accompanied this form and have submitted all the necessary paperwork for my application to be considered.

I declare that the information provided on this application form is true, complete and correct.

I am aware that 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 me from having the records transferred from the current to the future competent authority.

Date	Signature of applicant
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Read our privacy policy here:

In order to process your application, we need information about you for identification to secure that the rating/licence is issued/revalidated/renewed to the correct person. Your personal data will be handled in accordance with regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1)(e), Civil Aviation Act § 5-3 regulation on certifying crewmember and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.

Your personal data will be stored only as long as required for the purpose in which they were collected. You have the right to access your personal data, and, if necessary, have them corrected. If you believe that your personal data is not handled in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority. The Civil Aviation Authority – Norway (CAA-N) is responsible for the processing of your application. Contact our data protection officer at personvernombud@caa.no.

All written inquiries to CAA-N are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data which is subject to confidentiality.

Read our privacy policy here: <https://luftfartstilsynet.no/en/about-us/privacy-policy/>