



Send to:

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or

Luftfartstilsynet

Postboks 243

8001 BODØ

Duplicate - Application for the issue of a duplicate of a PART- Flight Crew Licence

Date of birth	Last Name	First Name (full name)
Address		
Zip code	City	Country
Phone	Email adress	
Employed by: (name on Commercial Air Transport Operator)		

Type of PART-FCL Licence: <input type="checkbox"/> ATPL Airline Transport Pilot Licence - Aeroplane <input type="checkbox"/> ATPL Airline Transport Pilot Licence - Helikopter <input type="checkbox"/> CPL Commercial Pilot Licence - Aeroplane <input type="checkbox"/> CPL Commercial Pilot Licence - Helikopter <input type="checkbox"/> MPL Multi-crew Pilot Licence	Type of PART-FCL Licence: <input type="checkbox"/> PPL Private Pilot Licence - Aeroplane <input type="checkbox"/> PPL Private Pilot Licence - Helikopter <input type="checkbox"/> LAPL Light Aircraft Pilot Licence – Aeroplane <input type="checkbox"/> LAPL Light Aircraft Pilot Licence - Helikopter
<input type="checkbox"/> Examiner certificate	

The holder of a PART- Flight Crew Licence must describe the reason for applying for a duplicate in Norwegian or English language:

Verification of compliance according to ARA.GEN.315 and AMC1 ARA.GEN.315(a)

I am not holding any personnel licence, certificate, rating or authorisation with the same scope and in the same category issued in another Member State;

I hereby declare that the above details given are true and correct. I am aware that incorrect information could disqualify me as an applicant from being granted a personnel licence, certificate, rating or authorisation.

Date:

Place:

Signature of applicant:

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