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| **APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY** | | | |
| Applicant details: | Full name (Last and first names) | |  |
| Title of licence(s)/certificate(s) (including restriction(s)) and corresponding licence(s)/certificate(s) number(s)1 | |  |
| Current competent authority | |  |
| Future competent authority | |  |
| 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, 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 the current competent authority remains my competent authority until I have received the new licences/certificates and medical certificate, as applicable, issued by the future competent authority.  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 (EU) No 1178/2011 ARA.GEN.360 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.  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 the applicant form having his records transferred from the current to the future competent authority. | | | |
| Signature: | | Date: | |

*1 Indicate all licences and certificates currently held. Indicate only the related certificate(s) of you do not hold a valid licence anymore (e.g.SFI(A))*

*According to GM1 ARA.GEN.360*