

Bitte senden Sie diesen Antrag vollständig und unterschrieben an Landesbetrieb Mobilität Rheinland-Pfalz, Fachgruppe Luftverkehr, Gebäude 667C, 55483 Hahn-Flughafen oder per E-Mail an lizenzen@lbm.rlp.de

Verification of Authenticity of Foreign Licence and Rating

The purpose of this data is to be used to identify and evaluate the qualifications and eligibility for the issue of an airman licence and/or rating.

Last and First name of holder (as it appears on your foreign pilot licence):	
Address:	Postcode and city name, country:
Date (Month/Day/Year) of birth:	Place of Birth:
Nationality:	Type and No. of Licence:
Issuing state/authority:	Date of issue:
Ratings:	
Language proficiency:	Medical certificate class:
Level:	Date of issue:
valid until:	valid until:
Telefon (incl. Prefix):	Telefax (incl. Prefix):
:	
Email (for enquiries):	Additional Information:

The licence is under revocation or suspension by the country that issued the licence:

Yes

No

I certify that all statements provided by me on this application form are complete and true. I authorize the issuing CAA to provide all pertinent information to the LBA Germany.

(Airmans signature)

(Date)

(to be filled in by LBA)

We require verification of the validity of the pilot and medical certificate or medical endorsement for the following airmen. This request is based on the airmens desire to apply for a German certificate issued on the basis of a certificate issued by your country.

(Name)

(Date)

stamp

(to be filled in by foreign CAA)

I, _____; an official of the CAA of _____
certify that the details given above and on any additional pages included are true and correct.

(Name)

(Date)

stamp

Please forward your response to the fax number: +49261291412217

For any comments please use third page and tick here

Airmen: _____ Date of Birth: _____

(Name)

(Signature)

(Stamp)