



## CHANGE OF COMPETENT AUTHORITY (CONSENT)

Applicant information	
Title (Mr. Mrs)	
Fist name(s):	
Middle name (s)	
Family name(s):	
Identification number of the National Register	
Date of birth (Day-Month Year):	
Place of birth (City):	
Country:	
Nationality:	
Official address	
Street name:	
Number:	
Town/City:	
ZIP/Post code:	
Country:	
Email address:	
Telephone number:	
License information	
License(s) held:	License 1: ..... Number: ..... Restriction(s):
	License 2: ..... Number: ..... Restriction(s):
	License 3: ..... Number: ..... Restriction(s):
Medical certificate	

<u>Medical certificate (s):</u>	<u>Certificate 1:</u> ..... <u>Number:</u> ..... <u>Restriction(s):</u> <u>Valid until</u>
	<u>Certificate 2:</u> ..... <u>Number:</u> ..... <u>Restriction(s):</u> <u>Valid until</u>
<b>Competent authorities</b>	
<u>Current competent authority:</u>	<u>Country:</u> Belgium <u>Competent authority name:</u> Belgian Civil Aviation Authority, rue du Progrès 56, 1210 Bruxelles
<u>Future competent authority:</u>	<u>Country:</u> <u>Competent authority name:</u>
<b>2. Declaration</b> <span style="float: right;">to be completed by the applicant</span>	
<p>I, _____ (last name, first name) hereby apply for a change of competent authority from Belgium 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 licenses 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 licenses/certificates and medical certificate to the future competent authority upon receiving the 'new' licenses/certificates and medical certificate.</p> <p>I understand that the current competent authority remains my competent authority until I have received the new licenses/certificates and medical certificate, 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 Regulations (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>	
<u>Signature:</u>	<u>Date:</u>

### 3. Supporting documents

Copy of the following documents and certificates (in PDF format) need to be submitted together with this application form:

- Pilot license (PART-FCL; BFCL or SFCL);
  - Medical certificate;
  - Passport;
1. The application and supporting document must be sent via email to: info.ams@mobilit.fgov.be
  2. The email "subject" must be: Change of state -Family name(s) + Fist name(s) – your License number
    - Example (Application email): **Subject:** Change of State – WHITE Jhon – XX.FCL.123456.X

**Important observation**

*Upon submission of your application, an acknowledgement email will be sent to the email address you have entered in the application form and not to the email address used to submit the application, unless they are the same. The email contains a TICKET NUMBER that should be used during the whole process. The easiest way to ensure this is by always replying through the emails received from us.*