

Hrvatska agencija za civilno zrakoplovstvo / Croatian Civil Aviation Agency
 Ulica grada Vukovara 284_10 000 Zagreb_Tel.: +385 1 2369 300_Fax.: +385 1 2369 301
 e-mail: aeromedical@ccaa.hr

IMPORTANT:

Reference: Commission Regulation (EU) No 1178/2011 FCL.015 (d)

According FCL.015, a change of licensing authority means a transfer of medical records and licensing. There will be no remission of your medical records if previously not processed the licence transfer using the form LIC-FRM-219.

Language accepted: Croatian / English. If necessary, translation of aero-medical records for other languages is the responsibility of the applicant - records must be translated into Croatian or English and authenticated by a certified translator.

If there is insufficient space on this form for any information, please use additional pages.

TO BE COMPLETED BY APPLICANT	
<i>State of transfer FROM</i>	
<i>State of transfer TO</i>	
<i>Full name of holder/applicant</i>	
<i>Address of holder/applicant</i>	
<i>Date of birth (dd/mm/yyyy)</i>	
<i>Nationality of applicant</i>	
<i>Licence(s) held (Type and reference No.)</i>	
<i>Restrictions or limitations (if any)</i>	
<i>Medical certificate class</i>	
<i>Validity of medical certificate (dd/mm/yyyy)</i>	
<p>Reference: Commission Regulation (EU) No 1178/2011 - AMC1 ARA.GEN.315(a)</p> <p>Under full civil and criminal liability, I declare:</p> <ul style="list-style-type: none"> - That I am not holding any medical certificate in the same category issued in another Member State, - That I have not applied for any medical certificate with the same scope and in the same category in another Member State; - I have never held any medical certificate in the same category issued in another Member State which was revoked or suspended in any other Member State 	
<p>Reference: Commission Regulation (EU) No 1178/2011 - FCL.015 (d); The EU General Data Protection Regulation (GDPR)</p> <p>I authorise and give my consent for the purpose of transferring of my aero-medical records (forms and attachments) between the Competent Authority Aero-medical Sections stated above, being in paper or electronic format (digital file), recognising that these data are to be used for a licence transfer and I am aware that medical confidentiality will be respected at all times.</p>	
<i>Date (dd/mm/yyyy)</i>	<i>Signature of holder/applicant</i>

Copies of the applicant's aero-medical should be enclosed with this form. The documents required for transfer:

1. Copy of initial (or where not available) the earliest available aero-medical application and supporting examination report forms;
2. Copy of current medical certificate and supporting aero-medical application and examination report forms;
3. Copy of latest electrocardiogram and audiogram;
4. Copy of most recent Ophthalmological Examination Report and ENT report (if applicable);
5. Copy of supporting clinical reports and aero-medical assessments for summary of medical history (see below);
6. If applicable, all previous SOLI forms with supporting aero-medical records from previous transfers.

TO BE COMPLETED BY MEDICAL ASSESSOR OF TRANSFERRING LICENSING AUTHORITY		
<i>Licensing authority of transfer FROM</i>		
<i>Full name of applicant</i>		
<i>Date of birth (dd/mm/yyyy)</i>		
<i>Medical certificate class</i>		
<i>Limitations (if any)</i>		
<i>Date of initial medical certificate (dd/mm/yyyy)</i>		
<i>Summary of medical history (minimum dates of last three revalidation/renewal examinations)</i>	<i>Period of Medical Records Held:</i> <i>From:</i> _____ <i>To:</i> _____	
<i>Any previous State(s) of Licence issue prior to current State (or where aero-medical records have been held)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, enclose details.
<i>Comments of any relevant aspect of the applicants medical or aero-medical history (inactive conditions and active conditions requiring follow up, if any)</i>		
<i>I verify that the details given above and on any additional pages included are true and correct.</i>		
<i>Date (dd/mm/yyyy)</i>	<i>Medical Assessor Name</i>	<i>Medical Assessor Signature / CCAA Stamp</i>