

## Application Form - FCL.945 Authorization

This form is applicable for authorization of FI(A)s, FI(H)s, CRI(A)s and TRI(H)s to revalidate class- and type ratings for Danish Certificate holders only, in accordance with Commission Regulation (EU) No 1178/2011 FCL.945.

Date of birth:  First name(s):  Address:  Postal code and cit	y:	Licence no.:  E-mail:	Last na				
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The following	g applicant do	cumentation must I	be atta	ched (co	pies), if you	u do not have a	
	t Crew Licence			(30)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Driver's I	cence or another	document with current	address				
Passport							
Flight Cre	w Licence includir	ng Instructor privileges					
Medical							
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By signing this	application form	n for FCL.945 Authori	zation,	you confir	m that you h	have read and	
understood	the relevant ha	ndbook, the relevant	parts o	f Commiss	ion Regulatio	on (EU) No	
1178/2011 (P	ART-FCL) and yo	ou are aware of your r	espons	ibilities reg	jarding the r	revalidation of	
	tl	ne applicable class and	d type	atings.			
Date and place of	f signature:	Signature					

When filled out and signed, please send this application form to: <a href="mailto:info@trafikstyrelsen.dk">info@trafikstyrelsen.dk</a> along with above listed documentation, if applicable.