



PERSONAL INFORMATION:

Name: _____

Address: _____

Zip code & Town: _____

Country: _____

Phone: _____

Email: _____

ID/Passport No: _____

Name, address & phone to closest relative: _____

PREVIOUS FLYING EXPERIENCE:

Total Hours: _____

Expiry Date License: _____

Expiry Date Class Rating: _____

Issuing Country: _____

Expiry Date IR: _____

Expiry Date Medical: _____

Expiry Date Language: _____

	Total	Instruction Received	Solo	Pilot in Command (PIC)	Cross Country Instruction	Cross Country Solo/PIC	Instrument Actual & Simulated	Night Instruction Received	Night PIC
Single Engine									
Multi Engine									
Other									



PHYSICAL RECORD:

Age: _____

Date of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

SELECT YOUR CONVERSION - Please check all that apply

CPL IR ME NQ OTHER _____

APPLICATION FEE: SEK 5000

The application fee has to be paid before we process an application for an abbreviated course with the Swedish CAA and is non-refundable. Please mark your payment with you full name.

International Wire Transfer:

SOUTH SWEDEN FLIGHT ACADEMY AB
IBAN: SE70 9500 0099 6034 0869 2824
BIC/Swift: NDEASESS
BANK: Nordea

Plusgiro:

86 92 82-4

Appendix 1: Student Guide v. 7

- I have attached the required documents as per page 3 of this application form and understand that my application will not be processed until the application is complete.
- I have read and understood the application form and Appendix 1 and accept the terms and conditions. I also understand and accept that South Sweden Flight Academy AB is obliged by law to maintain my student records containing my personal information for up to 5 years.

Signed: _____

Date: _____

E-mail signed form and attachments to: malin@southsweden.se

We will make an assessment based on your application and give you a rough time and price estimate via mail. An application for an abbreviated course with the Swedish CAA will only be made after full payment of application fee.



CHECKLIST FOR REQUIRED DOCUMENTS

Instructions:

Please supply **one** PDF per attachment no larger than 2MB per pdf.

Name each PDF with your initials and PASSPORT, LICENSE, LOGBOOK, MEDICAL, ATPL.
For example: MH_PASSPORT.pdf

All certificates and ratings to be converted have to be valid for at least 3 months from the time we receive your application to allow for processing time, medical, training and skill test. Also take into consideration national holidays etc. when planning your time.

E-MAIL WITH APPLICATION:	<input type="checkbox"/> PASSPORT - Valid passport
	<input type="checkbox"/> LICENSES - Valid licenses and ratings to be converted
	<input type="checkbox"/> LOGBOOK - Last three pages of logbook
	<input type="checkbox"/> MEDICAL - EASA medical *
	<input type="checkbox"/> ATPL - EASA ATPL theory certificate

BRING IN ORIGINAL:	<input type="checkbox"/> If you are a non-Swedish citizen you need records from the registry of suspicion and previous convictions in English <u>in original</u> from the police authority in the country where you hold your citizenship. This will be sent to the Swedish CAA together with your skill test documents.
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**You need a Swedish Medical by the time of skill test. You can either transfer your medical or get a new one, let us know if you'd like help scheduling an appointment with a Swedish clinic. Be aware that transferring a medical license can take considerable time.*

E-mail signed application form and attachments to: malin@southsweden.se