



**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 - Online version at [www.southsweden.se](http://www.southsweden.se) always applies.

- 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 3 years.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**E-mail signed form and attachments to: [malin@southsweden.se](mailto: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.**

<b>E-MAIL WITH APPLICATION:</b>	<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

<b>BRING IN ORIGINAL:</b>	<input type="checkbox"/> If you are a non-Swedish citizen you need <b>records from the registry of suspicion and previous convictions</b> 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.
---------------------------	---

*\*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**