

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](#)

- 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

***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:

- PASSPORT - Valid passport
- LICENSES - Valid licenses and ratings to be converted
- LOGBOOK - Last three pages of logbook
- MEDICAL - EASA medical *
- ATPL - EASA ATPL theory certificate

BRING IN ORIGINAL:

- If you are a non-Swedish citizen you need **records from the registry of suspicion and previous convictions** in English in original 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