

Suitable please tick  or fill out

An das  
Landesverwaltungsamt  
Referat 307 – Verkehrswesen  
Ernst-Kamieth-Straße 2  
06112 Halle (Saale)

## Verification of Authenticity of Foreign Licence and Rating

The purpose of this data is to be used to identify and evaluate the qualifications and eligibility for the issue of an airman licence and/or rating.

last and first name of holder (as it appears on your foreign pilot licence):	
address:	postcode and city name, country
date: (day/month/year) of birth:	place of birth:
nationality:	type and no. of licence:
Issuing state/authority:	date of issue:
ratings:	
language proficiency:	medical certificate class:
level:	date of issue:
valid until:	valid until:
telephone (incl. Prefix):	telefax (incl. Prefix):
e-mail (for enquiries):	additional information:

The licence is under revocation or suspension by the country that issued the licence:

yes

no

I certify that all statements provided by me on this application form are complete and true.

I authorize the issuing CAA to provide all pertinent information to the Aviation Authority Saxony-Anhalt, Germany.

\_\_\_\_\_  
(Airman's signature)

\_\_\_\_\_  
(Date)

(to be filled in by Aviation Authority Saxony-Anhalt, Germany):

I require verification of the validity of the pilot and medical certificate or medical endorsement for the a. m. airman. This request is based on the airman's desire to apply for a German certificate issued on the basis of a certificate issued by your country.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(stamp)

(to be filled in by foreign CAA):

I, \_\_\_\_\_, an official of the CAA of \_\_\_\_\_, certify that the details given above and on any additional pages included are true and correct.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(stamp)

Please forward your response to the fax number: **+49 354 514 1829**

For any comments please use second page and tick here



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Airman:

Date of Birth:

Name:

Signature:

Stamp: