TRANSPORTO KOMPETENCIJŲ AGENTŪRA

APPLICATION FORM FOR NON-LITHUANIAN EXAMINERS*

First names	**Last name**
Date of birth	Place and country of birth
Citizenship	
Permanent residence address	
Telephone number (with international code)	
E-mail address	

Class of the medical certificate, restrictions and validity.			
class	restrictions	validity	country of issued

Licence type and number			
Country of issued		**validity**	
Class / type rating	validity	Instructor's rating validity	
Class / type rating	validity	Instructor's rating validity	
Class / type rating	validity	Instructor's rating validity	
Class / type rating	validity	Instructor's rating validity	

Examiner's privileges (list of examiner's privileges and validity of the examiner's certificate as defined by the Country of Licence Issue)

Privileges	Certificate number	Validity	Country of issued	Remarks

Applicants' Statement:

I, _____ , hereby,
surname name

certify that I have read and understood the briefing on the Lithuanian CAA administrative requirements and procedures for protection of personal data, liability and accident insurance contained in the briefing prior examination.

Date _____ Signature of the examiner _____

* Form must be completed in capital letters. Enclose scanned copies of the examiners' certificate and the licence.
SEND THIS FORM TO **EXAMINER@CAA.LT**