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|  | Eilės Nr. Registracijos žurnale 70AB / Pos. No in Registration Journal 70 AB |  |
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|  | **1.** | **DUOMENYS APIE PAREIŠKĖJĄ / APPLICANTS DETAILS** | | | | | | | | |  |
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|  | Vardas, pavardė / First Name, Surname | | | | | | | | | |  |
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|  | Tel. / Telephone No. | |  | | El. paštas / E-mail | | | | | |  |
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|  | Pilietybė / Nationality | |  | | Gimimo vieta / Place of birth | |  | | | Gimimo data / Date of birth |  |
|  |  | |  | |  | |  | | |  |  |
|  | | | | | | | | | | | |
|  | Gyvenamosios vietos adresas / Residential address | | | | | | | | | |  |
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|  |  | | | | | | | | | |  |
|  | Miestas / Town | | |  | | Šalis / Country | |  | Pašto indeksas / Postcode | |  |
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|  | | | | | | | | | | | |
|  | Adresas (korespondencijai jei skiriasi nuo gyvenamosios vietos) / Correspondence address (If different from permanent address) | | | | | | | | | |  |
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|  | Miestas / Town | | |  | | Šalis / Country | |  | Pašto indeksas / Postcode | |  |
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|  | **2.** | **EKSPERIMENTINIŲ ORLAIVIŲ TECHNINĖS PRIEŽIŪROS LICENCIJOS DUOMENYS / EXPERIMENTAL AIRCRAFT MAINTENANCE LICENSE details** | | |  |
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|  | Licencijos Nr. / License No. | |  | Išdavimo data / Date of issue | |
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|  | **4.** | **Asmens PAREIŠKIMAS / DECLARATION BY APPLICANT** | | | | | |  |
|  | | | | | | | | |
|  | Prašau konvertuoti TPL į pagal 66 dalį TPL ir patvirtinu, kad šioje formoje esanti informacija teikiant paraišką buvo teisinga.  Patvirtinu, kad:  1. neturiu jokios kitoje valstybėje narėje išduotos TPL pagal 66 dalį;  2. jokioje kitoje valstybėje narėje nepateikiau TPL pagal 66 dalį paraiškos ir  3. niekada neturėjau kitoje valstybėje narėje išduotos TPL pagal 66 dalį, kuri kitoje valstybėje narėje buvo panaikinta arba kurios galiojimas buvo sustabdytas.  Suprantu, kad pateikęs neteisingą informaciją galiu netekti teisės gauti TPL pagal 66 dalį. | | | | | | |  |
|  | I wish to convert AML to Part 66 AML and confirm that the information contained in this form was correct at the time of application.  I herewith confirm that:  1. I am not holding any Part-66 AML issued in another Member State;  2. I have not applied for any Part-66 AML in another Member State; and  3. I never had a Part-66 AML issued in another Member State which was revoked or suspended in any other Member State.  I also understand that any incorrect information could disqualify me from holding a Part-66 AML. | | | | | | |  |
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|  | Vardas, pavardė / Name | |  | Parašas / Signed |  | Data / Date |  |  |
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|  | **5.** | **PILDO kompeteNtinga institucija / Competent authority USE ONLY** | | |  |
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|  | **Licenciją išduoti rekomenduojantis asmuo** | | | |  |
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|  | 1. Vardas, pavardė / First name, surname | |  | Asmens parašas / Signatare |  |
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|  | Pareigos / Position | |  | Data / Date |  |
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|  | 2. Vardas, pavardė / First name, surname | |  | Asmens parašas / Signatare |  |
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|  | Pareigos / Position | |  | Data / Date |  |
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|  | **Licenciją išduodantis asmuo** | | | |  |
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|  | Vardas, pavardė / First name, surname | |  | Asmens parašas / Signatare |  |
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|  | Pareigos / Position | |  | Data / Date |  |
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