



MINISTRY OF
CONSTRUCTION AND TRANSPORT

**Application form for change of competent
authority – air traffic controller licence**

According to Part-ATCO ATCO.A.010

1. Applicant's data			
last name		first name	
place of birth		date of birth	
nationality		phone nr.	
mother's name		e-mail	
address			
postal address		<input type="checkbox"/>	same as above
Title of licence(s)/certificate(s) (including restriction(s) and corresponding licence(s)/certificate(s) number(s))			
Current competent authority (country & authority):			
Future competent authority (country & authority):			
receipt of the new licence		<input type="checkbox"/>	personally
		<input type="checkbox"/>	to postal address
2. Billing details			
name (if differs from customer's name)			
address			
postal address			
			<input type="checkbox"/> same as above
3. Authorisation (if he/she is not acting on his/her own behalf)			
I hereby authorise the below-mentioned person to act on my behalf with full privileges with the exception of personal statements during this procedure at the Aviation Authority of Hungary.			
name of representative		ID nr. of representative	
address of representative			
date		signature of applicant	
witness 1:		witness 2:	
name		name	
address		address	
ID nr.		ID nr.	
sign.		sign.	
4. Details of application			
What rating, rating-endorsement, licence-endorsement do you have?			
<input type="checkbox"/>	ADV	<input type="checkbox"/>	ACS
<input type="checkbox"/>	ADC	<input type="checkbox"/>	SUR
<input type="checkbox"/>		<input type="checkbox"/>	APS
<input type="checkbox"/>		<input type="checkbox"/>	ACP
			licence number
			issuing authority
valid endorsements	<input type="checkbox"/> OJTI	<input type="checkbox"/> Assessor	<input type="checkbox"/> STDI
			<input type="checkbox"/> Language level

5. Documents to be attached

- a) copy of passport or ID,
- b) certificate of employment or letter of intent to employ the licensee,
- c) copy of ICAO language proficiency in English for ATCO,
- d) "Change of Competent Authority" form completed in original and signed by the applicant,
- e) copy of ATCO licence to be transferred,
- f) a copy of the medical certification to be transferred,
- g) document confirming the payment of the amount corresponding to the fee applicable to the application can be found in Annex I of the 3/2002 GKM Decree.

6. Applicant's declaration

I hereby apply for a change of competent authority from my current competent authority to the future competent authority. To that end, I consent to a transfer of medical records, including the transfer of medical records and associated exchange of information between the current and future competent authorities. I apply for transfer of my licence issued in accordance with Regulations (EU) No 2015/340

I hereby declare that:

- I will immediately surrender my current licence and medical certificate to the future competent authority upon receiving the 'new' licence and medical certificate;
- I understand that the current competent authority remains my competent authority until I have received the new licences/certificates and medical certificate, as applicable, issued by the future competent authority;
- I have not submitted any other request to another competent authority than the future competent authority as indicated above;
- I have fully reviewed the Part-ATCO ATCO.A.010 and have submitted all the necessary documents for my application to be considered;
- the information provided on this application form is true, complete, and correct;
- in case of any incorrect information on this form or non-compliance with the essential requirements of Annex VIII. to the Basic Regulation or with the requirements of Regulations (EU) No 2015/340 the authority could refuse to issue my licence.

place and date of signature:

signature of applicant: