



MINISTRY OF
CONSTRUCTION AND TRANSPORT

**Change of training organization in the case of
CPL/ATPL training**

According to Appendix 3. of Part-FCL

1. Applicant's data	
last name:	first name:
place of birth:	date of birth:
nationality:	phone number:
mother's maiden name:	e-mail:
address:	
postal address:	<input type="checkbox"/> same as above
licence number (if applicable):	
medical certificate (if applicable): <input type="checkbox"/>	licencing authority as displayed on the medical certificate
2. Billing details	
name (if differs from customer's name):	tax number (in case of organization):
address:	
postal address:	<input type="checkbox"/> same as above
3. Authorisation	
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			
<input type="checkbox"/>	name and certificate number of the first approved training organization:		
<input type="checkbox"/>	name and certificate number of the second approved training organization:		
<input type="checkbox"/>	type of training:		
<input type="checkbox"/>	start date of the theoretical training:	start date of the practical training:	
5. Documents to be attached			
a) if the competent authority of the first or second training organization is not the aviation authority of Hungary, then a copy of the training manual (TM) for the given training and a copy of the certificate of the approved training organization; b) a copy of the documents certifying the completion of the previous training, certified by the first training organization (theoretical training log, theoretical assessments, documents certifying the completion of home exams, practical training log, flight log); c) recommendation of the new training organization regarding the required number of training hours; d) copy of the medical certificate (if applicable); e) document confirming the payment of the amount corresponding to the fee applicable to the application can be found in Annex of GKM Decree 3/2002. (rate 543, 13000 HUF)			
6. Applicant's declaration			
1) I hereby request the Hungarian aviation authority to determine the number of training hours to be completed at the new training organisation. 2) In the case of an applicant with neither a medical certificate according to Part-MED nor a pilot licence according to Part-FCL: I hereby declare that in the future, I will consider the Hungarian Aviation Authority as the Authority issuing my pilot licence. 3) I hereby declare that <ul style="list-style-type: none"> - all the information given above is correct to the best of my knowledge without concealing any relevant data or providing any misleading or false information. I acknowledge that in the event of providing false or misleading information, the Hungarian Aviation Authority may deny to determine the number of training hours to be completed in the future for my transfer from the first training organization to the second training organization. - I am aware of the relevant part of regulation related to the subject of my application. 			
place and date of signature:			
signature of applicant:			