	APPLICATION FORM FOR ISSUE, REVALIDATION AND RENEWAL OF LICENCE, RATINGS AND CERTIFICATES ZAHITJEV ZA IZDAVANJE, PRODUŽENJE I OBNOVU ROKA VAŽENJA DOZVOLE, OVLAŠĆENJA I SERTIFIKATA	FCL-FRM-001 A

Tax receipt paid Administrativna taksa	€	CAA Archive stamp / Štambilj ACV To be filled by CAA / Popunjiva ACV
832-3161-26	5,00	

1	Application for Zahtjev za	to be fulfilled by the candidate popunjiva kandidat
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Issue / revalidation / renewal Izdavanje / produženje / obnova	In accordance with Part-FCL U skladu sa Part-FCL	<input type="checkbox"/>	In accordance with national regulations U skladu sa nacionalnim pravilnikom	<input type="checkbox"/>
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Licence Dozvola	Issue of Izdavanje	Revalidation Produženje	Renewal Obnova	Category of licence Kategorija dozvole
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rating Ovlašćenje	Issue of Izdavanje	Revalidation Produženje	Renewal Obnova	Category of rating Kategorija ovlašćenja
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Certificate Sertifikat	Issue of Izdavanje	Revalidation Produženje	Renewal Obnova	Category of certificate Kategorija sertifikata
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


Applicant's last Name(s) Prezime kandidata	
Applicant's first name(s) Ime kandidata	
Candidate Personnel Number JMBG (broj pasoša)	
Candidate date of birth Datum rođenja	
Candidate place of birth Mjesto rođenja	
Candidate nationality Državljanstvo	
Candidate Address Adresa kandidata	

Medical certificate issued by: Ljekarsko uvjerenje izdato od:	Medical Certificate NO Broj ljekarskog uvjerenja	Class of medical certificate Klasa ljekarskog uvjerenja					
		Class 1	<input type="checkbox"/>	Class LAPL	<input type="checkbox"/>	Medical assessment Procjena zdravstvenog stanja	<input type="checkbox"/>
		Class 2	<input type="checkbox"/>				

Note:
 Your Medical Certificate must be valid on the licence issue date. A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre or AME located in the Montenegro. European Commission Regulation (EU) No. 1178/2011as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds the ir medical records (Part-MED.A.030 and Part-FCL.015).

Napomena:
 Ljekarsko uvjerenje mora biti važeće na dan izdavanja. Dozvola neće biti izdata licu ukoliko se njegovi zdravstveni izvještaji na osnovu kojih je izdato ljekarsko uvjerenje ne nalaze u Centru za pregled vazduhoplovnog osoblja smještenog na teritoriji Crne Gore. Pravilnik o posadi vazduhoplova zahtijeva da osobe moraju sve svoje dozvole održavati u vazduhoplovnoj vlasti koja posjeduje ljekarsku istoriju (Part-MED.A.030 i Part-FCL.015).

Type of licence held: (if applicable) Tip dozvole koju posjeduje: (ukoliko je primjenljivo)	
Licence number: (if applicable) Broj dozvole: (ukoliko je primjenljivo)	
State of licence issue: (if applicable) Država izdavaoc dozvole: (ukoliko je primjenljivo)	

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Enclosures (please tick the right field)
Prilozi (označite odgovarajuća polja)

<input type="checkbox"/>	Evidence of administrative charges paid Dokaz o plaćenju administrativnoj taksi				
<input type="checkbox"/>	Evidence of tax receipt paid Dokaz o uplati odgovarajuće naknade				
<input type="checkbox"/>	Copies of relevant pages of pilot logbook showing fulfilled of requirements Kopije relevantnih stranica knjižice evidencije naleta koje dokazuju ispunjenje propisanih zahtjeva				
<input type="checkbox"/>	Copy of language proficiency assessment Kopija procjene jezičkog ovlašćenja				
<input type="checkbox"/>	FCL-FRM-002	LAPL, PPL, CPL, IR	<input type="checkbox"/>	FCL-FRM-003	ATPL, MPL, CR, TR
<input type="checkbox"/>	FCL-FRM-002 A1	LAPL(A)	<input type="checkbox"/>	FCL-FRM-003 B3	BPL(Commercial)
<input type="checkbox"/>	FCL-FRM-002 A1	LAPL(A)	<input type="checkbox"/>	FCL-FRM-003 B3	BPL(Commercial)
<input type="checkbox"/>	FCL-FRM-002 A2	PPL(A)	<input type="checkbox"/>	FCL-FRM-002 B4	BPL(gas) (Commercial)
<input type="checkbox"/>	FCL-FRM-002 A3	CPL(A)	<input type="checkbox"/>	FCL-FRM-003 A1	SPA
<input type="checkbox"/>	FCL-FRM-002 A4	IR(A)	<input type="checkbox"/>	FCL-FRM-003 A2	MPA&SP HPCA
<input type="checkbox"/>	FCL-FRM-002 H1	LAPL(H)	<input type="checkbox"/>	FCL-FRM-003 A3	Sea Class Rating
<input type="checkbox"/>	FCL-FRM-002 H2	PPL(H)	<input type="checkbox"/>	FCL-FRM-003 A4	Power-lift
<input type="checkbox"/>	FCL-FRM-002 H3	CPL(H)	<input type="checkbox"/>	FCL-FRM-003 H1	SPH/MPH
<input type="checkbox"/>	FCL-FRM-002 H4	IR(H)	<input type="checkbox"/>	FCL-FRM-006	Flight Dispatcher Licence
<input type="checkbox"/>	FCL-FRM-002 As1	PPL(As)	<input type="checkbox"/>	FCL-FRM-007 A	HGL
<input type="checkbox"/>	FCL-FRM-002 As2	CPL(As)	<input type="checkbox"/>	FCL-FRM-007 B	PGL
<input type="checkbox"/>	FCL-FRM-002 As3	IR(As)	<input type="checkbox"/>	FCL-FRM-007 C	PL
<input type="checkbox"/>	FCL-FRM-002 S1	LAPL(S)&SPL	<input type="checkbox"/>	Other (please note) Ostalo (molimo Vas da navedete)	
<input type="checkbox"/>	FCL-FRM-002 S2	SPL(Commercial)			
<input type="checkbox"/>	FCL-FRM-002 B1	LAPL(B)&BPL			
<input type="checkbox"/>	FCL-FRM-002 B2	LAPL(B)(gas) & BPL(gas)			

**Candidate Declaration of compliance according to
Izjava kandidata o usklađenosti sa zahtjevima**

- (a) I am not holding any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State; /
- (b) I have not applied for any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category in another Member State; /
- (c) I have never held any personnel licence, certificate, rating, authorisation or attestation with the same scope and in the same category issued in another Member State which was revoked or suspended in any other Member State; /

I hereby declare that the above details given and on additional pages are true and correct. I am aware of that any incorrect information could disqualify me as an applicant from being granted a personnel licence, certificate, rating, authorisation or attestation, as well as I was cautioned in terms of Article 389 Criminal Code of Montenegro (Official Gazette" No 40/08, 25/10 correction, 32/11 correction and 40/13).

**ARA.GEN.315 and
AMC1 ARA.GEN.315(a) and (c)**

- (a) Ne posjedujem bilo kakvu dozvolu, sertifikat, ovlašćenje, autorizaciju ili potvrdu u istom obimu i istoj kategoriji izdatu u drugoj državi članici;
- (b) Nijesam podnio zahtjev za izdavanje bilo koje dozvole, sertifikata, ovlašćenja, autorizacije ili potvrde u istom obimu i istoj kategoriji u drugoj državi članici;
- (c) Nikada nijesam posjedovao dozvolu, sertifikat, ovlašćenje, autorizaciju ili potvrdu u istom obimu i u istoj kategoriji u drugoj državi članici koja je povučena ili suspendovana od strane druge države članice.

Ovim potvrđujem da su gore navedeni detalji istiniti i tačni. Svestan sam da je bilo koja netačna informacija može da me diskvalifikuje kao kandidata izdavanje dozvole, sertifikata, ovlašćenja, autorizacije ili potvrde, kao i da sam upoznat sa članom 389 Krivičnog zakonika („Službeni list CG“ broj 40/08, 25/10, 32/11 i 40/13).

Contact e-mail Kontakt mail adresa	
Contact telephone Kontakt telefon	
Location and date: Mjesto i datum	
Candidate's signature: Potpis kandidata	