



An das  
 Regierungspräsidium Kassel  
 Am Alten Stadtschloss 1  
 34117 Kassel

**Verification of Authenticity of Foreign License and Rating**

The purpose of this data is to be used to identify and evaluate the qualifications and eligibility for the issue of an airman license and/or rating.

Last and First name of holder (as it appears on your foreign pilot license):	
Address:	Postcode and city name, country:
Date (Month/Day/Year) of birth:	Place of Birth:
Nationality:	Type and No. of License:
Issuing state/authority:	Date of issue:
Ratings:	
Language proficiency:	Medical certificate class:
Level:	Date of issue:
valid until:	valid until:
Telefon (incl. Prefix):	Telefax (incl. Prefix):
Email (for enquiries):	Additional Information:

The licence is under revocation or suspension by the country that issued the license:

Yes  No

I certify that all statements provided by me on this application form are complete and true.  
 I authorize the issuing CAA to provide all pertinent information to Regierungspräsidium Kassel Germany.

\_\_\_\_\_  
 (Airmans signature)

\_\_\_\_\_  
 (Date)

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 (to be filled in by Regierungspräsidium Kassel)

We require verification of the validity of the pilot and medical certificate or medical endorsement for the following airmen. This request is based on the airmens desire to apply for a German certificate issued on the basis of a certificate issued by your country.

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Date)

(stamp)

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 (to be filled in by foreign CAA)

I, \_\_\_\_\_, an official of the CAA of \_\_\_\_\_,  
 certify that the details given above and on any additional pages included are true and correct.

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Date)

(stamp)

**Please forward your response to the fax number: +49 561 106-1641**

For any comments please use second page and tick here