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Gemeinsame Obere Luftfahrtbehörde
Berlin-Brandenburg
Mittelstraße 5 / 5a
12529 Schönefeld

Verification of Authenticity of Foreign Licence 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 licence and/or rating.

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

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

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 the Aviation Authority Berlin-Brandenburg, Germany.

(Airmans signature)

(Date)

(to be filled in by Aviation Authority Berlin Brandenburg, Germany):

I require verification of the validity of the pilot and medical certificate or medical endorsement for the a. m. airman.
This request is based on the airmans desire to apply for a German certificate issued on the basis of a certificate issued by your country.

(Name)

(Date)

(stamp)

**Please forward your response to the fax number: +49 3342 4266-7612 or e-mail address:
LBV-LIZ@LBV.Brandenburg.de**