

Annex II to ED Decision 2020/005/R
AMC and GM to Part-ARA — Issue 1, Amendment 9

The Annex to ED Decision 2012/006/R of 19 April 2012 is hereby amended as follows:

The text of the amendment is arranged to show deleted text, new or amended text as shown below:

- (a) deleted text is ~~struck through~~;
- (b) new or amended text is highlighted in **blue**; and
- (c) an ellipsis '[...]' indicates that the remaining text is unchanged.

SUBPART A — GENERAL REQUIREMENTS

AMC1 ARA.GEN.360(a) Change of competent authority

When transferring the summary of the applicant's relevant medical history and copies of medical records to the receiving competent authority in accordance with point ARA.GEN.360(a), the transferring competent authority should include at least all of the following:

(a) copies of:

- (1) the most recent aeromedical report containing the detailed results of the aeromedical examinations and assessments that are required for the class of medical certificate;
- (2) the application form, examination form, and medical certificate issued;
- (3) the most recent electrocardiogram (ECG), ophthalmological and ear-nose-throat (ENT), including audiometry, examination reports, as applicable for the class of medical certification;
- (4) the initial medical examination or the supporting documents for the last medical-file transfer between licensing authorities; where this is not available, a copy of the medical report from the last three aeromedical examinations should be transferred as an alternative;
- (5) the mental health assessment, as applicable for the class of medical certificate; and
- (6) any other relevant medical documentation; and

(b) the 'Summary of medical history' form of AMC1 ARA.GEN.360(a)(2), filled in and signed by the medical assessor.

AMC1 ARA.GEN.360(a)(1) Change of competent authority

LICENCE VERIFICATION FORM

In this form, 'issuing competent authority of the license' means the 'transferring competent authority' of ARA.GEN.360.

LICENCE VERIFICATION FORM		
It is required that this form is filled in and signed by the issuing competent authority of the licence being transferred.		
ITEM	DESCRIPTION	
1	State of licence(s) issue	Country
2	Title of licences/certificates (including restriction(s)) and corresponding licences/certificates numbers*	e.g. PPL(A) — UN country code.FCL.xxx — no valid ratings or SPL — UN country code.FCL.xxx
3	Licence issue date and expiry date (if applicable)	Issue PPL(A): xx/xx/xxxx Issue SPL: xx/xx/xxxx
4	Full name (Last and first names)	LAST NAME 1, LAST NAME 2, etc. First name 1, First name 2, etc.

5	Date of birth (dd/mm/yyyy)	xx/xx/xxxx		
6	Address (as on the licence)			
7	Contact details: (a) email and (b) phone number.	e.g. (a) example@example.eu (b) +(country code) xxxxxxxxxxx		
8	Nationality	Country		
9	Issuing authority (conditions under which the licence was issued, where necessary)	Country and authority		
10	Valid and non-expired ratings/privileges and certificates held (Type/class/instrument/additional ratings and instructor/examiner certificates) Note: indicate all applicable restrictions and extensions.	Ratings and certificates	Valid until (dd/mm/yyyy)	
		e.g. TMG (Sailplane)	xx/xx/xxxx	
		e.g. FI (Sailplane) with extensions for TMG and FI	xx/xx/xxxx	
11	Expired ratings and certificates held (Type/class/instrument/additional ratings and instructor/examiner certificates) Note: indicate all applicable restrictions and extensions.	Ratings and certificates	Valid until (dd/mm/yyyy)	
		e.g. TMG (Aeroplane)	xx/xx/xxxx	
12	Remarks, i.e. special endorsements relating to limitations, restrictions, or endorsements for privileges (e.g. language proficiency level and validity (English, others))	Special endorsements		
		Language	Level	Validity (dd/mm/yyyy)
13	Details on completion of theoretical-knowledge or flight instruction, theoretical-knowledge examination or skill test in other Member States, if applicable (e.g. validity of the ATPL theoretical knowledge)	e.g. IR theory valid until xx/xx/xxxx		
14	Past or pending enforcement action**	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details on a separate page.)		

* Indicate all licences and certificates held. Indicate the certificate(s) if you do not hold a valid licence anymore.

** Item 14: specify if there is a current investigation into the medical certificate and licence, or suspension or revocation thereof.

I, _____ certify that the details entered on this information form are true, complete, and correct.

For any comments, please use the space provided below or on the next page, and tick here:

Authority: _____

Contact details: _____ Position: _____

Signature: _____ Stamp/seal: _____ Date: _____

Comments:

AMC1 ARA.GEN.360(a)(2) Change of competent authority**SUMMARY OF MEDICAL HISTORY — FORM FOR THE TRANSFER OF MEDICAL RECORDS**

SUMMARY OF MEDICAL HISTORY — FORM FOR THE TRANSFER OF MEDICAL RECORDS			
MEDICAL DETAILS IN CONFIDENCE			
Item	Description		
1	State of licence(s) issue	Country	
2	Title of licence(s)/certificate(s) and corresponding serial number of licence(s) held (or national medical reference number)	e. g. PPL(A) — UN country code.FCL.xxx or SPL — UN country code.FCL.xxx	
3	Full name (Last and first names)	LAST NAME 1, LAST NAME 2, etc. First name 1, First name 2, etc.	
4	Date of birth (dd/mm/yyyy)	xx/xx/xxxx	
5	Address		
6	Contact details: (a) email; and (b) phone number.	e.g. (a) example@example.eu (b) +(country code) xxxxxxxxxxx	
7	Nationality	Country	
8	Issuing authority	Country and authority	
9	Initial medical certificate:	Date of issue	xx/xx/xxxx
		Date of examination	xx/xx/xxxx
		Type of certificate (Joint Aviation Authorities (JAR),	

		Part-Med or national)
		Class
10	Dates of last three revalidation/renewal examinations (if any)	
11	Limitations (if any)	
12	Comments on any relevant aspect of the applicant's medical history or examination (if applicable, please enclose reports) Please enclose at least the latest examination report and electrocardiogram (ECG). In addition, where applicable for the class of medical certification, please enclose the latest ophthalmological, ear-nose-throat (ENT), and mental health assessment reports.	
13	Past or pending enforcement action*	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details on a separate page.)

* Item 13: specify if there is a current investigation into the medical certificate and licence, or suspension or revocation thereof.

If there is insufficient space on this form for any information, please use additional pages.

CERTIFICATION		
I, Dr _____, as medical assessor of the (NAA name) _____, certify that the details given above and on any additional pages included are true, complete, and correct.		
Date	Signature	Licensing authority and stamp/seal

GM1 ARA.GEN.360 Change of competent authority**APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY**

In this form, 'current competent authority' means the 'transferring competent authority' of ARA.GEN.360, and 'future competent authority' means the 'receiving competent authority' of ARA.GEN.360.

APPLICATION FORM FOR CHANGE OF COMPETENT AUTHORITY		
Applicant details:	Full name (Last and first names)	<i>LAST NAME 1, LAST NAME 2, etc.</i> <i>First name 1, First name 2, etc.</i>
	Title of licence(s)/certificate(s) (including restriction(s) and corresponding licence(s)/certificate(s) number(s)*)	<i>e.g. PPL(A) — UN country code.FCL.xxx</i> <i>e.g. SPL — UN country code.FCL.xxx</i>
	Current competent authority	<i>Country and authority</i>
	Future competent authority	<i>Country and authority</i>
<p>I, _____ (last name, first name) 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 all my licences issued in accordance with Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 within the different categories.</p>		
<p>I will immediately surrender my current licences/certificates and medical certificate to the future competent authority upon receiving the 'new' licences/certificates and medical certificate.</p> <p>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.</p> <p>I hereby declare that I have not submitted any other request to another competent authority than the future competent authority as indicated above.</p> <p>I have fully reviewed the [<i>please insert reference to the current competent authority's relevant information material</i>] and have submitted all the necessary paperwork for my application to be considered.</p> <p>I declare that the information provided on this application form is true, complete, and correct.</p> <p>Any incorrect information on this form or non-compliance with the essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 could disqualify the applicant from having his records transferred from the current to the future competent authority.</p>		
Signature:	Date:	

* Indicate all licences and certificates currently held. Indicate only the related certificate(s) if you do not hold a valid licence anymore (e.g. SFI(A)).

GM2 ARA.GEN.360 Change of competent authority

LICENCE VERIFICATION

The licence verification includes the verification of all associated privileges, ratings, certificates, and endorsements that were obtained in accordance with the technical requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976. This means that for example, senior examiner privileges are not included.

AVAILABLE RECORDS

Available medical records are all medical records of the licence holder that are related to the history of the medical certificate.

RECORDS

Original licensing and medical records are the original records of the licence holder or electronic records kept by the competent authority.

VALIDITY PERIODS

When reissuing the licence(s) and medical certificate(s), the receiving competent authority should ensure that the validity periods and limitations (if any) are in accordance with the ones of the licence(s) and medical certificate(s) transferred.

PROCESSING

Processing all documents means that the receiving competent authority checks the completeness, and correctness of all the information provided by the transferring competent authority and asks the transferring competent authority for clarification, if needed. If by any means, the receiving competent authority becomes aware of non-compliance with the essential requirements of Annex IV to the Basic Regulation or with the requirements of Regulations (EU) No 1178/2011, (EU) 2018/395, and (EU) 2018/1976 during the processing of the documents, it should reject the application for change of competent authority and inform the transferring competent authority in accordance with its national administration rules.

GM3 ARA.GEN.360 Change of competent authority

The competent authority can establish and implement its administrative procedures as it considers appropriate. The following practical guidance is considered best practice that may facilitate the work of, and coordination between, competent authorities.

CASES OF SUSPENSION, REVOCATION, OR CURRENT INVESTIGATION

In case of suspension of a licence or medical certificate, the competent authority responsible for the suspension is the only one entitled to remove the suspension. Therefore, a licence holder with a suspended licence or medical certificate cannot apply for change of competent authority until the suspension is revoked.

In case of revocation of a licence, the licence holder can apply for change of competent authority. The licence holder does not immediately receive a new licence after the change of competent authority, but is able to apply for a new licence to the new authority after all necessary requirements of Annex I (Part-FCL) to Regulation (EU) No 1178/2011 and/or Annex III (Part-BFCL) to Regulation (EU) 2018/395 and/or Annex III (Part-SFCL) to Regulation (EU) 2018/1976 are met. However, the licence holder may immediately receive a medical certificate from the receiving competent authority, if applicable.

In case of revocation of a medical certificate, the certificate holder can apply for change of competent authority. The certificate holder does not immediately receive a new licence after the change of competent authority, but is able to apply for a new certificate and licence to the new authority after all necessary requirements of Annexes I (Part-FCL) and IV (Part-MED) to Regulation (EU) No 1178/2011 and/or Annex III (Part-BFCL) to Regulation (EU) 2018/395 and/or Annex III (Part-SFCL) to Regulation (EU) 2018/1976 are met.

In case of an ongoing investigation that is based on evidence of non-compliance, the licence holder cannot immediately apply for change of competent authority. Sufficient time to investigate the case should be provided to reach a conclusion whether or not the licence or medical certificate must be suspended or revoked before the licence holder can apply for change of competent authority.