

Appendix A: Application form Licence Recognition

Application form Licence Recognition (ECOL 3.1d)

To facilitate correct entry of your data we request you to fill out this form clearly and completely. Both Signatories inform Applicants wishing to apply for licence recognition that this will necessitate the sharing of their personal data with the other Signatory and may necessitate the sharing of their personal data with other Reciprocating Jurisdictions. Neither Signatory shall use the personal data it receives from the other Signatory other than for a purpose associated with Certification pursuant to this Agreement. By signing this application Applicants confirm they give permission for the previously described use of their personal data.

Applicant details

Last name		initials	
Christian Names			
Address			
Postal code		City	
Date of birth		Birthplace	
Phone number		Email	
Licence number		Issued by	
Examination date		Expiry date	
Training institute			
Training duration		Hrs.	
C-class Licence no.		Expiry date	

Host jurisdiction details

Organisation			
Address details			
Contact e-mail		Tel. no.	

Home jurisdiction details:

Organisation			
Address details			
Contact e-mail		Tel. no.	

through this application I request recognition of the above-described certificate in your jurisdiction

(date)

(signature)