



Form. No. ECON.ATCO.F.180A
 AMDT No. 3.0
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 Issue Date: 22/09/2024

PERSONNEL LICENSING
 DIVISION
 POLICY AND PROCEDURES

VERIFICATION OF ATC LICENCE AND REQUEST TO TRANSFER ASSOCIATED MEDICAL RECORDS

Please complete the form in **BLOCK CAPITALS** having read the guidance notes attached to this form.

This form may only be submitted when accompanied by form ECON.ATCO.F.180

1. PERSONAL DETAILS

Surname..... First Name(s)

Title (Mr. / Mrs. / Ms etc) Date of Birth (dd/mm/yyyy)

Nationality..... Place of Birth (Town) (Country)

Permanent address

..... Postcode.....

Contact Tel. No. Mobile Tel. No.

E-mail address..... Fax Number.....

Address for correspondence (if different from above)

 Postcode.....

2. CONSENT TO RELEASE INFORMATION

Part 1 - Consent to seek verification of ATC licence held Tick if applicable

I hereby provide consent to the Irish Aviation Authority (IAA) to the seek verification of my ATC licence number _____, issued by the _____ Competent Authority. Verification will include details of any past of impending enforcement actions

Signature: _____ Date: _____

Part 2 - Agreement to transfer medical records Tick if applicable

I hereby provide consent to the Irish Aviation Authority (IAA) to seek the transfer of my medical records associated with the maintenance of ATC licence number _____, issued by the _____ Competent Authority. I understand that such transfer will include details of any restrictions and or limitations that may be related to my current and past medical certification.

Signature: _____ Date: _____



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3. IAA SUMMARY PRIVACY NOTICE

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your request to transfer your ATC licence, the administration and maintenance of said licence and of subsequent licences/certificates and for enforcement purposes. We will not disclose any of your information to any organisation without your explicit consent, except where we are obliged to do so under relevant EU and Irish legislation, or to comply with law enforcement agencies.

Where can you find out more?

To find out more about how the IAA respects your privacy, please read our detailed privacy notice at <https://www.iaa.ie/home/footer-tools/privacy> or contact our Data Protection Officer at dataprotection@iaa.ie, or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449.

4. APPLICANT'S DECLARATION

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Note: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence or the issue, renewal or revalidation of a rating, authorisation or certificate, whether for that person or any other person.

GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS

Guidance Notes

All sections of the application form must be completed by the applicant personally. In order for the IAA to process your application as quickly as possible, it is important that you complete the application form correctly. Please complete the form in conjunction with the following guidance notes.

Section 1 – Personal Details

The permanent address is what will be provided for licence verification purposes (provided it matches our records)

Section 2 – Consent to release information

Select and sign the appropriate consents.

Section 4 – Applicant's Declaration

This section must be completed by the applicant after reviewing all information entered on the application form.

SUBMISSION INSTRUCTIONS

Send your completed application form to:

Personnel Licensing Office, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland.

Please enclose the following: -

Completed Form ECON.ATCO.F.180