



Form. No. RPPL-F-100M  
 AMDT No. 2.0  
 Page No. 1 of 5  
 Issue Date: 20/02/2024

**APPLICATION TO CHANGE COMPETENT  
 AUTHORITY TO IRELAND FOR MEDICAL  
 RECORDS ONLY**

This application is to be used when you wish to change your Competent Authority to Ireland but are NOT the holder of a Flight Crew Licence and only have medical records to transfer. If you hold a Flight Crew Licence, please complete form RPPL-F-100E only.

Please complete the form in BLOCK CAPITALS - having read the Guidance Notes attached to this form.

**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 .....

Address for correspondence (if different from above) .....

..... Postcode .....

**2. MOST RECENT CURRENT MEDICAL CERTIFICATE DETAILS**

**(Important Note: If an applicant does not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until their Medical Certificate has been renewed by their present SOLI)**

State of Issue of Medical Certificate (Where your medical records are held)	Class 1, 2 or LAPL	Date of Aeromedical Examination	AME Name, Aeromedical Centre & Location	AME No.	Details of any Limitations / Endorsements	IAA use only

**3. DETAILS OF PREVIOUS STATES OF LICENCE ISSUE (SOLI) IF YOU CHANGED SINCE THE YEAR 2011.**

	Certificate Type (Class 1, 2 or LAPL)	State of Issue	Date From	Date To	IAA use only
1.					
2.					
3.					



Form. No. RPPL-F-100M  
AMDT No. 2.0  
Page No. 2 of 5  
Issue Date: 20/02/2024

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AUTHORITY TO IRELAND FOR MEDICAL  
RECORDS ONLY**

**4. 3<sup>rd</sup> COUNTRY MEDICAL / LICENCE HISTORY**

Have you held a medical and / or flight crew licence issued by an ICAO contracting state that is not part of EASA?

Yes

No

If yes, provide detail below

State of Issue of Medical Certificate or Licence	Type	Date of Issue	Details of any Limitations / Endorsements	IAA use only

**5. 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 to this Competent Authority, the administration and maintenance 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](mailto:dataprotection@iaa.ie), or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449.



Form. No. RPPL-F-100M  
AMDT No. 2.0  
Page No. 3 of 5  
Issue Date: 20/02/2024

**APPLICATION TO CHANGE COMPETENT  
AUTHORITY TO IRELAND FOR MEDICAL  
RECORDS ONLY**

**6. APPLICATION, DECLARATION & CONSENT TO ALLOW RECEIPT OF LICENCE & MEDICAL INFORMATION**

**APPLICATION:** In accordance with Part-FCL.015(d), I hereby apply to change my 'State of Licence Issue' (SOLI) to Ireland in respect of my Part-Med Medical certificate and associated and I authorise the release of my associated medical records to I the Competent Authority of Ireland.

**DECLARATION:** I hereby declare that:-

- 1) I do not hold any certificate, licence rating, or authorisation, other than as detailed in Sections 2, 3 and 4 of this form;
- 2) I have not applied for any personnel licence, certificate, rating, or authorisation to another Member State since making this application for change of SOLI.
- 3) I have never held any personnel licence, certificate, rating, or authorisation issued in another Member State which was revoked or suspended;
- 4) I am not the subject of any pending licence or medical certificate enforcement action in any State.
- 5) The information given in this form is true and correct to the best of my knowledge and belief. I am aware that any incorrect information given could disqualify me from being granted a flight crew licence, certificate, rating, or authorisation or result in revocation if discovered after issue of same.
- 6) I understand that the IAA may not be able to complete my request for change of competent authority where issues are noted that are not provided for within the scope of Part Med

**CONSENT:** I hereby give my consent for the Irish Aviation Authority to request and receive all records and details concerning my Flight Crew Licence(s) and my medical certification from my present and from any previous Competent Authority/Aeromedical Section and to make such enquiries concerning my medical fitness and certification as is deemed necessary.

Applicant's 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.



Form. No. RPPL-F-100M  
AMDT No. 2.0  
Page No. 4 of 5  
Issue Date: 20/02/2024

**APPLICATION TO CHANGE COMPETENT  
AUTHORITY TO IRELAND FOR MEDICAL  
RECORDS ONLY**

## GUIDANCE NOTES

In order for the IAA to process your application as quickly as possible, it is important that you complete the application form correctly. The application form applies to the transfer of medical records and **is not** to be used when a licence is held within an EASA member state. You should be aware that the process to transmit your licensing and medical records can take up to **12 weeks** to complete.

You should also check with the competent authority from whom you are transferring to determine if additional steps are required to be completed by you.

Please complete the form in conjunction with the following guidance notes.

### Section 1 – Personal Details

The permanent address may be entered on the IAA-issued Part-MED Medical Certificate, and will also be the address to which the medical certificate will be sent if the exchange of certificates is to be completed by post. If you want the certificate sent to an alternative address, please enter the details under 'correspondence address'.

**Section 2 – Medical Certificate (Note: The following must be supplied by the Aeromedical Section (AMS) of the Competent Authority of the present State of Licence Issue (SOLI) directly to the IAA AMS, at the below address.)**

- (1) Copy of current valid medical certificate, medical certificate application form and examination report form.
- (2) Copy of earliest dated medical certificate application form and examination report form held on the applicant's file.
- (3) Summary of medical history, (with dates) to include relevant inactive conditions and active conditions requiring follow-up. (Note: This summary report must be provided in the English language (or in the native language and accompanied by an English language translation certified by the CA) and must be signed by a Medical Assessor employed by or acting on behalf of the Aeromedical Section (AMS) of the CA of present SOLI).
- (4) Copy of the most recent electrocardiogram and audiogram, where applicable.

**Section 3 - Details of previous States of Licence Issue (SOLI s) if you changed since the year 2011.**

**Section 4 - Details of any 3<sup>rd</sup> Country medicals and or licences held**

### Section 6 – Application & Declaration

This section must be completed by the applicant after reviewing all information entered on the application form. If you are unable to agree with any of the statements in the declaration, please contact the Personnel Licensing Office by Email for further advice before submitting this application ( [Licensing@iaa.ie](mailto:Licensing@iaa.ie) ).



Form. No. RPPL-F-100M  
AMDT No. 2.0  
Page No. 5 of 5  
Issue Date: 20/02/2024

**APPLICATION TO CHANGE COMPETENT  
AUTHORITY TO IRELAND FOR MEDICAL  
RECORDS ONLY**

**SUBMISSION INSTRUCTIONS**

**Please note that failure to complete this form fully and submit all required documentation WILL result in the return of your application and the inability to proceed with the application.**

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:-

- Copy of your Passport (State of Issue / Passport Number / Photograph page(s) only) or National Identity Card
- Copy of your most recent valid Part-MED Medical Certificate. (**Important Note: If you do not have a current valid Medical Certificate, the change of SOLI process will not normally be initiated until your Medical Certificate has been renewed by your present State Of Licence Issue (SOLI).**)
- Completed payment form.

**PAYMENT FORM**

**Very Important: Applicants should be aware that some other CA's charge fees for the transmission of Licence and Aeromedical Records to the IAA. It is your responsibility to check for and pay such charges before submitting your application. The IAA will not pursue this matter on behalf of applicants.**

The current fee for the routine transfer of medical records can be found in the current version of the IAA Fees Schedule. For applications that require additional investigation, an hourly rate, to cover the cost of such investigation will also be applied.

Full details of fees charged and levied by the IAA are available in the current [Fees Schedule](#).

I am paying by:-

DEBIT CARD  CREDIT CARD

**- PLEASE DO NOT SEND CASH -**

Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card please complete the information required below (in block capitals).

**Note: All credit card details are destroyed upon completion of the transaction.**

Name of Card holder (as stated on the card) \_\_\_\_\_

Card Number

Valid from:   /   Expiry Date   /

Security Code (last 3 digits on signature strip on reverse of card)