



Slovak Air Amateur Association, c. a.
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PILOT PERSONAL INFORMATION SHEET

SECTION A:

- 1) I apply for subscription to a basic pilot course: PG HG PPG PHG (circle the appropriate)
- 2) I apply for extension of a pilot qualification. Qualification: licence No.
- 3) I apply for prolongation of a pilot qualification, licence No.:
- 4) Other:

Name, surname and prefix of applicant: Date of Birth:

Permanent address: Nationality:

Temporary address:

E-mail: phone/mobile phone number:

SECTION B:

ANAMNESIS

Do you have any problems listed below or have you treated for:

mental disorder	yes	no	cardiovascular or lung diseases	yes	no
alcoholism	yes	no	digestive system diseases	yes	no
drug addiction	yes	no	kidney or urinary tract diseases	yes	no
cramps or spasms	yes	no	musculoskeletal system diseases	yes	no
seizure disorders or attacks	yes	no	eye diseases	yes	no
strong headaches	yes	no	other (name which):	yes	no
epilepsy	yes	no	pregnancy (women)	yes	no

SECTION C:

CHARACTERISTICS OF THE PILOT

Total flight hours: PG HG PPG PHG

Flight hours from the last prolongation: PG HG PPG PHG

Flight hours for other flying equipments (type and total flight hours):
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Licence „Obmedzené Osvedčenie rádiotelefonistu leteckej pohyblivej služby“: yes no (circle the appropriate)

No. licence: Date of issue:

Did you have an accident (from last prolongation)?: yes no (circle the appropriate). If yes, please, describe briefly the circumstances:

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I declare that the information in Part A, B, C is true and I assume legal responsibility for it. I am fully aware of the risks that arise from my performing practical flight operations and I want to do this on my own behalf. By my signature, I confirm that I was instructed that my personal data in the scope of the name, surname, address, date of birth, identity card number, contact, data related to health condition, photograph, statement from the criminal files are processed by Letecká amatérska asociácia SR (Slovak Air Amateur Association), for the purpose of providing the service (issue of the card, insurance equipment, etc). This data is not transmitted abroad. We keep the data for 5 years from the last service for you. We protect your data under European Parliament (EU) Regulation 2016/679 on the Protection of Individuals with regard to the Processing of Personal Data (GDPR). Your rights as a person concerned are defined in Chapter 3 of the GDPR Regulation. If you don't provide your personal data, the agreed service could not be granted to you. Possible recipients of your personal data are: government agencies, insurance companies.

Attachments: To this application I attach:

Date: City: Signature of applicant:

SECTION D: STATEMENT OF THE AUTHORIZED PROFESSIONAL FLIGHT STAFF OF SAAA SR:

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.....
.....

Date: Name, surname and signature of the authorized person:

SECTION E: HEALTH STATE CERTIFICATE

In case of existence of any of the health conditions stated in the table in section B it is necessary to provide a medical opinion of an expert medical doctor.

The person named above is capable (healthy) – incapable * of operating as a pilot of flying devices.

Date: Stamp and signature of the treating physician:

*Cross out the inappropriate.

Notes:

- 1) Applicant completes the sections A, B and C.
- 2) Authorised employee of LAA SR will complete the section D in case of need.
- 3) Treating physician completes the section E for PG and HG.
- 4) Applicant for PPG and PHG will provide a copy of medical fitness declaration of LAPL or higher
- 5) In case of validity of the medical examination the section E is not to be completed.

Records of LAA SR: (To be completed by an authorised employee of LAA SR)

Application received:

On the basis of the fulfilled conditions the pilot qualification to fly specified flying devices is granted (extended)

Title of pilot qualification: No. of licence:

Valid until: Notes:.....

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Place: Date :

Name, surname and signature of the authorised employee