………………………………………………….. ………………………………………………………....

Name, surname place, date of statement

…………………………………………………

Date of birth

……………………………………………………..

ID number (passport, driver licence, etc)

Statement of the pilot

I undertake to sign the Medical Certificate issued by Aeromedical Section Polish Civil Aviation Authority and I will send the signed copy to AeMS in paper form to the following address :

AeMS Polish CAA, Marcina Flisa Str.2, 02-247 Warsaw, POLAND

or in electronic form to the following address: rpowierza@ulc.gov.pl or bbiernat@ulc.gov.pl or iolszewska@ulc.gov.pl

………………………………………………………………..

handwritten signature