



FLIGHT CREW LICENSING CHANGE OF ADDRESS REQUEST

Personal Information provided to Transport Canada will be treated in accordance with the *Privacy Act of Canada*.

The holder of a Canadian Aviation document (medical certificate, permit, licence or booklet) should submit this form in person, by mail or by fax to their nearest Transport Canada Centre. A list of Transport Canada regional offices and centres can be found on the Transport Canada website at: http://www.tc.gc.ca/eng/civilaviation/opssvs/general-exams-centres-2010.htm			
Licence, Permit, Medical Certificate or File Number		5802-	
		Booklet Holders – Do not enter your booklet number in this space	
Change of Address Effective from (yyyy-mm-dd)			
Surname		Given Name(s)	
Address			
City	Province/Territory/State	Country	Postal/Zip Code
Home Telephone Number (999-999-9999)	Business Telephone Number (999-999-9999)	Fax (999-999-9999)	
E-mail Address			
I certify that I am the holder of the document(s) listed above, issued by the Minister of Transport.			
_____		_____	
Signature (Assumed Name)		Date (yyyy-mm-dd)	
FOR DEPARTMENTAL USE ONLY			
Data entered by		Date (yyyy-mm-dd)	