

## Revalidation or renewal of language proficiency level

**IMPORTANT: THIS FORM IS ONLY TO BE USED BY ASSESSORS APPROVED BY THE DANISH CAA WITH A DK/LPA/XXX AUTHORISATION NUMBER.**

### a. To be completed by the applicant

Date of birth/CPR-no.

Last name

First name(s)

Address

Postal code

City

You are the holder of the following type of radiocertificate:

GEN

N-BEG

N-JOR MEK

N-JOR HIS

GEN/DK

BEG

N-JOR HLO

Date of signature

Signature

**b. To be completed by the language proficiency assessor**

Authorisation No.

DK/LPA/

Last name

First name(s)

Telephone

Email

Name of approved assesment body - If applicable

Internal adm. text

Applicant has been assessed in the **English** language

Result of assessment:

Failed Level (1, 2 or 3):

Passed Level (4, 5 or 6):  New expiry date:

Applicant has been assessed in the **Danish** language

Result of assessment:

Failed Level (1, 2 or 3):

Passed Level (4, 5 or 6):  New expiry date:

Date of assessment

Signature

Page 2 is amended by the assessor with language proficiency level

Request a new radiocertificate including new language proficiency level