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TRAFICOM
Finnish Transport and Communications Agency

Application for a final decision on the recognition of professional qualifications

1. Applicant's details

1. Personal data and contact details	Last name (including former last names)	
	First names	
	Date of birth	Place of birth
	Personal identity code	Nationality
	Address	
	Postal code	Postanstalt City
	Telephone number	E-mail address
Traficom's conditional decision	Decision number	Decision date
Completed if necessary	Contact person residing in Finland, to whose address the decision and invoice will be sent if the applicant is not a resident of Finland (name and address)	

I have completed the adaptation period, aptitude test or complementary training in accordance with Traficom's decision. I apply for a final decision on the recognition of my professional qualifications from Traficom.

Completed adaptation period, aptitude test or complementary training	☐ Adaptation period	
	Dutie(s) in which the adaptation period was completed (job title in Finnish or Swedish)	
	Period(s) in which the adaptation period was completed	
	Employer and employer's contact details	
	Adaptation period supervisor and supervisor's qualifications. To be completed if the conditional decision specified qualifications required from the supervisor	
	Date of certificate issued for the completion of the adaptation period	
	☐ Aptitude test	
	Organiser of the aptitude test	
	Date of certificate issued for the completion of the aptitude test	
	☐ Complementary training	
	Complementary training provider	
	Date of certificate issued for the completion of complementary training	
Date and signature	Date	Applicant's signature and name in block letters
Appendices	☐ Copy of the certificate issued for the adaptation period. The certificate must demonstrate that the adaptation period has been completed in accordance with the decision. The certificate must be dated after the adaptation period. If the adaptation period was completed over several stretches, certificates of each stretch must be appended to the application.	
	☐ Copy of the certificate issued for the completion of the aptitude test.	
	☐ Copy of the certificate issued by a university/educational institute for the completion of complementary training.	

MAILING THE APPLICATION
Please send the application and its appendices to the address Traficom/registry
PO Box 320
FI-00059 TRAFICOM, Finland

Additional information
http://www.traficom.fi/tieliikenne/luvat_ja_hyvaksynnat
e-mail: ajo-oikeudet@traficom.fi
telephone: + 358 29 534 5000 statutes: www.finlex.fi

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