

Recognition of professional qualification	Professional qualification for which recognition is applied	
Applicant	Surname	First names
	Date of birth	Citizenship
	Street address	
	Postal code and city	Country
	Telephone number	E-mail address
	Delivery address, if not same as the applicant's	
	Invoicing address, if not the same as the applicant's. Business ID, if paid by company	
Appendices	<input type="checkbox"/> Copy of certificate <input type="checkbox"/> Copy of school diploma on the basis of which the certificate of competency has been granted <input type="checkbox"/> Copy of statement of seagoing service <input type="checkbox"/> Copy of passport identification pages <input type="checkbox"/> Copy of valid seafarer's medical certificate	
Preferred language	Preferred language, in case you will be contacted <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> English	
Signature	Place and date	Signature of applicant
Contact information	The application should be sent to the Finnish Transport and Communications Agency. Postal address: Finnish Transport and Communications Agency Traficom PO Box 320 00059 TRAFICOM Finland E-mail : kirjaamo@traficom.fi	