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Name, surname place, date of statement

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Date of birth

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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](mailto:bbiernat@ulc.gov.pl) or iolszewska@ulc.gov.pl

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handwritten signature