

## Pick up Authorization

I, \_\_\_\_\_, holder of \_\_\_\_\_  
( APPLICANT NAME) (LICENSE TYPE)

No: \_\_\_\_\_  
(LICENSE NUMBER)

authorize \_\_\_\_\_, holder of \_\_\_\_\_  
( NAME ) (ID DOCUMENT TYPE)

No: \_\_\_\_\_  
(ID DOCUMENT NUMBER)

to collect on behalf of myself for the following item(s) :

License No: \_\_\_\_\_

Log Book No

Medical certificate

Others : \_\_\_\_\_

\_\_\_\_\_  
Signature (Applicant)

Date :

\_\_\_\_\_  
Signature (person  
collecting on behalf)

Date :