



**Direction de l'Aviation Civile**  
Grand-Duché de Luxembourg

**DAC FORM 104-2**  
**APPLICATION FORM FOR AN ATFM EXEMPTION**  
**MEDICAL CERTIFICATE FORM**

**To be transmitted to:**

Direction de l'Aviation Civile  
National Supervisory Authority

Email: **atfmx [at]av.etat.lu**

**Medical Certificate**

By this document, the Doctor ..... certifies that,

A patient rated NACA V / VI

is on board of flight performed by ..... (Aircraft Operator).

Date of the flight:

Signature of the doctor in charge: