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|  | **FORM**  FORM-M-PEL 005-1  **August, 2019** |

**APPLICATION FORM FOR ISSUE OF AN AIR TRAFFIC CONTROLLER’S LICENCE**

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| **Application for an ATC Licence (Please tick appropriate box)** |
| I am applying for; |
| ☐ Aerodrome Control Rating ☐ Area Procedural Control Rating |
| ☐ Approach Procedural Control Rating ☐ Area Radar Control Rating |
| ☐ Approach Radar Control Rating |

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| **Applicant details:** | | | |
| Name (as it appears on ID/Passport): | | | |
| Licence already held (if applicable): | | Phone Number: | |
| Date of Birth: | | Age (Min.21): | |
| Gender: **☐** Male  **☐** Female | | Postal Address: | |
| Email address: | | | |
| ID/Passport No: | | Nationality: | |
| **Medical Certificate Details:** | | | |
| **Class** | **Date of Medical Test:** | **Expiry date** | **Name of AME** |
|  |  |  |  |
| **Examination:** | | | |
| Rating Board date: | |  | |
| Results: | | **☐ Pass ☐ Fail** | |
| English Language Proficiency date: | |  | |
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| **Attachments:** | | | |
| **☐** A copy of Medical Certificate class 3 | | **☐** A copy of ID/Passport | |
| **☐** Two Passport size photos | | **☐** Results of Rating Board | |
| **☐** A certificate from an ATO | |  | |

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| **Declaration:** | |
| I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct. | |
| Signature: | Date: |

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| **For Official Use Only:** |
| Fees: Receipt No.: |
| Date: |
| PEL Inspector’s Name: |
| Signature: |