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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** |
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| **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: |