



**APPLICATION FORM FOR ADDITIONAL RATING ENDORSEMENT
ON AN AIR TRAFFIC CONTROLLER LICENCE**

| | |
|--|---|
| Application for an additional rating: (Please tick appropriate box) | |
| I am applying for; | |
| <input type="checkbox"/> Aerodrome Control Rating | <input type="checkbox"/> Area Procedural Control Rating |
| <input type="checkbox"/> Approach Procedural Control Rating | <input type="checkbox"/> Area Radar Control Rating |
| <input type="checkbox"/> Approach Radar Control Rating | |
| | |
| Ratings already held: | Station Validation already held: |
| <input type="checkbox"/> Aerodrome Control | <input type="checkbox"/> HKJK <input type="checkbox"/> HKNW <input type="checkbox"/> HKMO <input type="checkbox"/> HKML |
| | <input type="checkbox"/> HKKI <input type="checkbox"/> HKEL <input type="checkbox"/> HKWJ <input type="checkbox"/> HKLK |
| <input type="checkbox"/> Approach Procedural Control Rating | <input type="checkbox"/> HKJK <input type="checkbox"/> HKMO <input type="checkbox"/> HKEL |
| <input type="checkbox"/> Approach Radar Control Rating | <input type="checkbox"/> HKJK <input type="checkbox"/> HKMO |
| <input type="checkbox"/> Area Procedural Control Rating | <input type="checkbox"/> HKNA |
| <input type="checkbox"/> Area Radar Control Rating | <input type="checkbox"/> HKNA |

| | | | |
|---|------------------------------|---------------------|---------------------|
| Applicant details: | | | |
| Name (as it appears on ID/Passport): | | | |
| Date of Birth: | | Age (Min.21): | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | ID/Passport No: | |
| Postal Address: | | Nationality: | |
| Email address: | | | |
| Licence held: | | Phone Number: | |
| Medical Certificate Details: | | | |
| Class of Medical: | Date of last Medical: | Expiry date: | Name of AME: |
| | | | |
| | | | |

Attachments: Tick only if you have attached;

A copy of Medical certificate class 3

Original ATC licence

Results of the Rating Board

Declaration:

I declare, to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.

Signature:

Date:

For Official Use Only:

Fees:

Receipt No.:

Date:

PEL Inspector's Name:

Signature: