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|  |  **FORM** FORM-M-PEL 005-4**August, 2019** |

**APPLICATION FORM FOR INITIAL STATION VALIDATION OR REVALIDATION OF AN AIR TRAFFIC CONTROLLER’S LICENCE**

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| **Application Type (Please tick the appropriate box);** |
| I am applying for; Air Traffic Controller Licence |
|  **☐** Initial Issue of a station validation |
|  **☐** Revalidation Licence No: Date of Issue: |
|  |
| **Ratings already held:** | **Station Validation am applying for:** |
| **☐** Aerodrome Control  | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKEL ☐HKWJ ☐HKLK |
| **☐** Approach Procedural Control Rating  | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKEL ☐HKWJ ☐HKLK |
| **☐** Approach Radar Control Rating  | ☐ HKJK ☐HKMO  |
| **☐** Area Procedural Control Rating | ☐ HKNA |
| **☐** Area Radar Control Rating | ☐ HKNA |

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| **Applicant details:** |
| Name (as it appears on ID/Passport): |
| Date of Birth:  | Age (Min.21): |
| ID/Passport No: | Nationality:  |
| Gender: **☐** Male **☐** Female  | Postal Address: |
| Email address: |
| Particulars of any licence already held (if applicable): |
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| **Medical Certificate Details:** |
| **Class of Medical:** | **Date of Medical:** | **Expiry date:** | **Name of AME:** |
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| **Attachments:**  |
| **☐** A copy of Medical certificate class 3  |
| **☐** Results of Validation Board |
| **☐** Original Air Traffic Controller’s licence  |

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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: |