



FORM

FORM-M-PEL 005-2

August, 2019

APPLICATION FORM FOR RENEWAL OF AN AIR TRAFFIC CONTROLLER'S LICENCE

Application Type (Please tick the appropriate box)	
I am applying for; Air Traffic Controller Licence	
<input type="checkbox"/> Renewal	Licence No: _____ Date of Issue: _____
Ratings 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"/> HKLK <input type="checkbox"/> HKWJ <input type="checkbox"/> HKEL <input type="checkbox"/> HKUK
<input type="checkbox"/> Approach Procedural Control Rating	<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"/> HKUK
<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's details:			
Name (as it appears on ID/Passport): _____			
Date of Birth: _____		Age (Min 21): _____	
ID/Passport No: _____		Nationality: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number: _____	
Postal Address: _____			
Email address: _____			
Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME (Doctor):
Attachments: Tick only if you have attached;			

A certified copy of Medical certificate Class 3

Original ATC licence

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:

For Official Use Only:

Fees:

Receipt No.:

Date:

PEL Inspector's Name:

Signature: