

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

<b>Application for an ATC Licence (Please tick appropriate box)</b>	
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	

<b>Applicant details:</b>	
Name (as it appears on ID/Passport):	
Licence already held (if applicable):	Phone Number:
Date of Birth:	Age (Min.21):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Postal Address:
Email address:	
ID/Passport No:	Nationality:

<b>Medical Certificate Details:</b>			
<b>Class</b>	<b>Date of Medical Test:</b>	<b>Expiry date</b>	<b>Name of AME</b>

<b>Examination:</b>	
Rating Board date:	
Results:	<input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b>
English Language Proficiency test date:	

<b>Attachments: Tick only if you have attached;</b>	
<input type="checkbox"/> A copy of Medical Certificate class 3	<input type="checkbox"/> A copy of ID/Passport
<input type="checkbox"/> Two Passport size photos (2cm*2.5cm)	<input type="checkbox"/> Results of Rating Board
<input type="checkbox"/> A certificate from an ATO	

**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: