



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

Application for an ATC Licence (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	

Applicant's details:	
Name (as it appears on ID/Passport):	
Date of Birth:	Age (Min.21):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number:
Email address:	
Postal Address:	
ID/Passport No:	Nationality:

Medical Certificate Details:			
Class	Date of Medical Test:	Expiry date:	Name of AME (Doctor):

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

Attachments:	
<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	<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 and attachments are complete and correct.

Signature:

Date:

For Official Use Only:

Date:

PEL Inspector's Name:

Signature: