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|  | FORM  FORM-M-PEL 005-2  **August, 2019** |

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**APPLICATION FORM FOR RENEWAL 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 | |
| ☐ Renewal Licence No: Date of Issue: | |
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| **Ratings already held:** | **Station Validation already held:** |
| ☐ Aerodrome Control | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKLK ☐HKWJ ☐ HKEL |
| ☐ Approach Procedural Control Rating | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKEL ☐HKWJ ☐HKLK |
| ☐ Approach Radar Control Rating | ☐ HKJK ☐ HKMO |
| ☐ Area Procedural Control Rating | ☐ HKJK |
| ☐ Area Radar Control Rating | ☐ HKJK |

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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): | | | | |
|  | | | | |
| **Medical Certificate Details:** | | | | |
| **Class of Medical:** | **Date of Medical:** | **Expiry date:** | | **Name of AME:** |
|  |  |  | |  |
|  | | | | |
| **Attachments: Tick only if you have attached;** | | | | |
| ☐ A copy of Medical certificate class 3 | | | | |
| ☐ Original ATC 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: |