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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: |
|  |
| **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): |
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| **Medical Certificate Details:** |
| **Class of Medical:** | **Date of Medical:** | **Expiry date:** | **Name of AME:** |
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| **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: |