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|  | **FORM**  FORM-M-PEL 005-3  **August, 2019** |

**APPLICATION FORM FOR ADDITIONAL RATING ON AN AIR TRAFFIC CONTROLLER’S LICENCE**

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| **Application for an additional rating: (Please tick appropriate box)** | |
| I am applying for; | |
| ☐ Aerodrome Control Rating ☐ Area Procedural Control Rating | |
| ☐ Approach Procedural Control Rating ☐ Area Radar Control Rating | |
| ☐ Approach Radar Control Rating | |
|  | |
| **Ratings already held:** | **Station Validation already held:** |
| ☐ Aerodrome Control | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKEL ☐HKWJ ☐HKLK |
| ☐ Approach Procedural Control Rating | ☐HKJK ☐HKMO ☐HKEL |
| ☐ Approach Radar Control Rating | ☐ HKJK ☐ HKMO |
| ☐ Area Procedural Control Rating | ☐ HKNA |
| ☐ Area Radar Control Rating | ☐ HKNA |

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| **Applicant details:** | | | | |
| Name (as it appears on ID/Passport): | | | | |
| Date of Birth: | | | Age (Min.21): | |
| Gender: ☐ Male ☐ Female | | | ID/Passport No: | |
| Postal Address: | | | Nationality: | |
| Email address: | | | | |
| Licence held: | | | Phone Number: | |
| **Medical Certificate Details:** | | | | |
| **Class of Medical:** | **Date of Medical:** | | **Expiry date:** | **Name of AME:** |
|  |  | |  |  |
|  | | | | |
| **For Renewal:** | | | | |
| A valid medical class 3 | | **☐** | | |
| Date of last medical test: | |  | | |
|  | | | | |
| **Attachments:** | | | | |
| ☐ A copy of Medical certificate class 3 | | | | |
| ☐ Original ATC licence | | | | |
| ☐ Results of the Rating Board | | | | |

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| **Declaration:** | |
| I declare that to the best of my knowledge and belief the statements made, and the information supplied in this application and the attachments are complete and correct. | |
| Signature: | Date: |

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| **For Official Use Only:** |
| Fees: Receipt No.: |
| Date: |
| PEL Inspector’s Name: |
| Signature: |