



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

Application for an additional rating: (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	
Ratings already held:	Station Validation already held:
<input type="checkbox"/> Aerodrome Control	<input type="checkbox"/> HKJK <input type="checkbox"/> HKNW <input type="checkbox"/> HKMO <input type="checkbox"/> HKML <input type="checkbox"/> HKKI <input type="checkbox"/> HKEL <input type="checkbox"/> HKWJ <input type="checkbox"/> HKLK <input type="checkbox"/> HKUK
<input type="checkbox"/> Approach Procedural Control Rating	<input type="checkbox"/> HKJK <input type="checkbox"/> HKNW <input type="checkbox"/> HKMO <input type="checkbox"/> HKML <input type="checkbox"/> HKKI <input type="checkbox"/> HKEL <input type="checkbox"/> HKWJ <input type="checkbox"/> HKLK <input type="checkbox"/> HKUK
<input type="checkbox"/> Approach Radar Control Rating	<input type="checkbox"/> HKJK <input type="checkbox"/> HKMO
<input type="checkbox"/> Area Procedural Control Rating	<input type="checkbox"/> HKNA
<input type="checkbox"/> Area Radar Control Rating	<input type="checkbox"/> HKNA

Applicant details:			
Name (as it appears on ID/Passport):			
Date of Birth:		Age (Min.21):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		ID/Passport No:	
Phone Number:		Nationality:	
Postal Address:			
Email address:			
Medical Certificate Details:			
Class of Medical:	Date of Medical:	Expiry date:	Name of AME (Doctor):

For Renewal:	
A valid medical class 3	<input type="checkbox"/>
Date of last medical test:	
Attachments:	
<input type="checkbox"/> A copy of Medical certificate class 3	
<input type="checkbox"/> Original ATC licence	
<input type="checkbox"/> Results of the Rating Board	

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: