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|  | **FORM**  FORM-M-PEL 005-4  **August, 2019** |

**APPLICATION FORM FOR INITIAL STATION VALIDATION OR REVALIDATION 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 | |
| **☐** Initial Issue of a station validation | |
| **☐** Revalidation Licence No: Date of Issue: | |
|  | |
| **Ratings already held:** | **Station Validation am applying for:** |
| **☐** Aerodrome Control | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKEL ☐HKWJ ☐HKLK |
| **☐** Approach Procedural Control Rating | ☐HKJK ☐HKNW ☐HKMO ☐HKML ☐HKKI ☐HKEL ☐HKWJ ☐HKLK |
| **☐** 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): | |
| 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:** |
|  |  |  | |  |
|  | | | | |
| **Attachments:** | | | | |
| **☐** A copy of Medical certificate class 3 | | | | |
| **☐** Results of Validation Board | | | | |
| **☐** Original Air Traffic Controller’s 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: |