

APPLICATION FORM FOR INITIAL STATION VALIDATION AND REVALIDATION OF AN AIR TRAFFIC CONTROLLER LICENCE

Application Type (Please tick the appropriate box);			
I am applying for; Air Traffic Controller Licence			
<input type="checkbox"/> Initial Issue of a Station validation			
<input type="checkbox"/> Revalidation	Licence No:	Date of Issue:	
Ratings already held:		Station Validation am applying for:	
<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"/> 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"/> 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):	
ID/Passport No:		Nationality:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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:			
<input type="checkbox"/> A copy of Medical certificate class 3			
<input type="checkbox"/> Results of Validation Board			

Original Air Traffic Controller's licence

Declaration:

I declare to the best of my knowledge and belief, that the information given in this application form and attachments are complete and correct.

Signature:

Date:

For Official Use Only:

Fees:

Receipt No.:

Date:

PEL Inspector's Name:

Signature: