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# Appendix XI

APPLICATION FORM FOR THE ISSUE, REVALIDATION AND RENEWAL OF LICENCES, RATINGS AND ENDORSEMENTS

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| APPLICATION FOR THE ISSUE/REVALIDATION/RENEWAL OF (STUDENT) AIR TRAFFIC CONTROLLER (ATCO) LICENCES, RATINGS AND ENDORSEMENTS | | | | | | | | | | | | | | | |
| Part A: APPLICANT’S DETAILS | | | | | | | | | | | | | | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (dd/mm/yyyy) and place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| (STUDENT) ATCO LICENCE DETAILS (if applicable):  Licence serial number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of issue (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| EMPLOYER’S DETAILS (if applicable):  Name: | | | | | | | | | | | | | | | |
| Part B: APPLICATION FOR (Tick the relevant boxes) | | | | | | | | | | | | | | | |
| Issue of Student ATCO licence, rating(s) and rating endorsement(s) (Part C, E and F of this form) | | | | | | | | | | | | | | | |
| Language proficiency endorsement(s) (Part C, E and F of this form) | | | | | | | | | | | | | | | |
| Issue of ATCO licence, rating(s) and rating endorsement(s) (Part C, E and F of this form) | | | | | | | | | | | | | | | |
| Revalidation of ATCO licence rating(s) and rating endorsement(s) (Part C, D, E and F of this form) | | | | | | | | | | | | | | | |
| Renewal of ATCO licence rating(s) and rating endorsement(s) (Part C, D, E and F of this form) | | | | | | | | | | | | | | | |
| Part C: RATING/RATING ENDORSEMENT/ATC UNIT/Sector | | | | | | | | | | | | | | | |
| ADC | | (Unit, sector, working position) | | | | |  |  | |  | | |  | | SUR |
| APS | | (Unit, sector, working position) | | | | | PAR | SRA | |  | | |  | | |
| ACS | | (Unit, sector, working position) | | | | |  |  | |  | | |  | | |
| ACP | | (Unit, sector, working position) | | | | |  |  | |  | | |  | |  |
| ADV | | (Unit, sector, working position) | | | | |  |  | |  | | |  | |  |
| APP | | (Unit, sector, working position) | | | | |  |  | |  | | |  | |  |
| Licence endorsements | | | | | | | | | | | | | | | |
| OJTI | STDI | | Assessor | | Language proficiency endorsement  - level 4  - level 5  - level 6 | | | | | | Local (specify language): \_\_\_ language proficiency endorsement\*  - level 4  - level 5  - level 6  \* As published in the AIP. | | | | |
| Part D: Unit endorsement revalidation/renewal | | | | | | | | | | | | | | | |
| The applicant meets the requirements of Regulation (MTAI) …………../……….. and of the …………… unit competence scheme.  The unit endorsements annotated below are revalidated/renewed (insert as appropriate). | | | | | | | | | | | | | | | |
| Unit endorsement: | | | |  | | | | | | | | Valid until: | |  | |
| Unit endorsement: | | | |  | | | | | | | | Valid until: | |  | |
| Unit endorsement: | | | |  | | | | | | | | Valid until: | |  | |
| Unit endorsement: | | | |  | | | | | | | | Valid until: | |  | |
| Unit endorsement: | | | |  | | | | | | | | Valid until: | |  | |
| Unit endorsement: | | | |  | | | | | | | | Valid until: | |  | |
| I certify that the data is complete and true.  Authorised assessor: | | | | | | Name: | | | Assessor’s licence number: | | | | | Signature: | |
| Part E: Declaration | | | | | | | | | | | | | | | |
| I hereby:  1. apply for the issue/revalidation/renewal of (Student) ATCO licence, ratings and/or endorsements, as indicated;  2. confirm that the information contained herein is correct at the time of the application;  3. confirm that I do not hold any (Student) ATCO licence issued in another State;  4. confirm that I have not applied for any (Student) ATCO licence in another State; and  5. confirm that I have never held a (Student) ATCO licence issued in another State which has been revoked or suspended in any other State.  I understand that any incorrect information provided herein could prohibit me from holding a (Student) ATCO licence.  Signature: . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Date (dd/mm/yyyy): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | | | | | | | | | |
| Part F: Certificates/Documents | | | | | | | | | | | | | | | |
| Please enclose all relevant certificates and/or documents:  1. Copy of Student ATCO licence, if applicable  2. Copy of passport or other national ID  3. Copy of medical certificate  4. Copy of relevant training certificate/documents proving the successful completion of:  (a) Initial training (integrated)  (b) Basic training  (c) Rating training  (d) Unit training  (e) Practical instructor training  (f) Assessor training  (g) Refresher training  5. Copy of language proficiency certificate(s): language(s)  6. Certificate by ATC provider proving that the licence holder has fulfilled the requirements in accordance with the approved unit competence scheme  7. Copy of the competence assessment form  8. Any other copy(ies), as necessary  9․ Fee payment receipt | | | | | | | | | | | | | | | |

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| **TESTING APPLICATION**  ***Mark the appropriate box***    **ATCO License Obtaining**  **Student ATCO License Obtaining**    **Rating Endorsement Obtaining Rating Endorsement Extension**    **Rating Endorsement Reissu** | | | | | | | | | | | |
| Surname |  | Name | |  | Place of Residence and Phone | | | |  | | |
| ***Mark the appropriate box*** | | | | | | | | | | | |
| **License/Rating Endorsement** | | **Subject Name** | | | | | | | | **Score** | **Date and Signature** |
| **ATCO License**  **Student ATCO License**  ADV  ADI  APP    APS    ACP  ACS | | Air Law | | | | | | | |  |  |
| ATS Operational Procedures | | | | | | | |  |  |
| Aviation Meteorology | | | | | | | |  |  |
| Air Navigation | | | | | | | |  |  |
| General Aircraft Operations | | | | | | | |  |  |
| Human Performance and Limitations | | | | | | | |  |  |
| ATC System Equipment | | | | | | | |  |  |
| Radiotelephony Phraseology | | | | | | | |  |  |
| **PASSED** | |  | **FAILED** | | | |  |  | | | |
| PEL Division Inspector / Examiner's Recommendation | | | | | |  | | | | | |
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