



<i>Official Use Only</i>
Application no.: _____
Date: ____/____/____

Application For Revalidation of Air Traffic Controller License

SECTION 1 PERSONAL DETAILS

Family Name	Given Names	License Number:
Postal Address		
Telephone		
<i>Home:</i>	<i>Work:</i>	<i>Mobile:</i>
<i>Fax:</i>		
Company Name	Job Title	

SECTION 2 LICENSE REQUEST

Air Traffic Controller Student License <input type="checkbox"/>	Air Traffic Controller License <input type="checkbox"/>
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SECTION 3 DECLARATION BY APPLICANT

I certify that the information provided on this form is true to the best of my knowledge and belief.

Applicant Signature _____ Date _____
dd/mm/yyyy

FOR OFFICAL USE ONLY

ACCEPT:

License Type: Air Traffic Controller Student License

Air Traffic Controller License

Valid until/...../.....

Medical: Class

Examination Date:/...../.....

Valid until:/...../.....

AME:

Remarks:

REJECT because:

Annual competence check record

Copies of all the relevant pages of the license

Company letter

Medical examination result

License fee Other: _____

Remarks:

Signature Date...../...../.....