



*Official Use Only*

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**

**Personal Information Collection Statement**

1. Personal data provided in this form and all submitted documents will be used for processing of the application only.
2. Base on fulfilling legal obligations, such information may also be referred to the police authorities, judicial and other authority entities.

I certify that the information provided on this form is true to the best of my knowledge and belief. I have also best understanding to the above Personal Information Collection Statement.

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:

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

Annual competence check record

Copies of all the relevant pages of the license

Company letter

Medical examination result

License fee  Other: \_\_\_\_\_

Remarks: