



Official Use Only
Exam Application no.: _____
Application Date: _____/_____/_____
AACM PID _____

Application for Air Traffic Controller License Examination

SECTION 1 PERSONAL DETAILS

Family Name		Given Names	
Place and Date of Birth (dd/mm/yyyy)		Nationality	Passport / ID No.
Postal Address			
Telephone <i>Home:</i> _____ <i>Work:</i> _____ <i>Mobile:</i> _____ <i>Fax:</i> _____			

SECTION 2 DETAILS OF ORIGINAL LICENSE (Applicable to license conversion only)

Issuing Authority:			
License Number:	Issue Date:/...../.....	Expiry Date:/...../.....	
Medical Certificate: Class	Issue Date:/...../.....	Expiry Date:/...../.....	
Rating(s): Aerodrome Control	Issue Date:/...../.....		
Other:	Issue Date:/...../.....		

SECTION 3 EXAMINATION BOOKING

- The examination is composed of two papers. Applicant can request the date of the examination, which will be confirmed by the Personnel Licensing Office. An examination booking form with concerned examination schedule will be returned to the candidate when the booking is confirmed.
- The examination fee for each paper is **MOP 500.00**. Appropriate fee is required to complete the following applications.

Paper I Proposed examination date (dd/mm/yyyy) _____

Paper II Proposed examination date (dd/mm/yyyy) _____

Total Examination fee MOP _____

Note: Depending on the availability of resources on the concerned date, AACM reserves all rights in making final decision on the examination date arrangement.

3. Method of examination result collection (choose one only):

Collect in person at AACM

Mail to the above postal address

SECTION 4 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 informati on 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

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Examinations Result

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

Remarks: