

FOR OFFICIAL USE ONLY	
IP no:	
Authorization no:	
Issue date:	

Nomination of Air Traffic Control Examiner

TYPE OF APPLICATION

Initial

Renewal

Please Print or Type

SECTION 1 PERSONAL DETAIL

<i>Family Name</i>		<i>Given Name</i>	
<i>Place and Date of Birth (dd/mm/yyyy)</i>	<i>Nationality</i>	<i>ATC License Number</i>	
<i>Post held</i>		<i>Rating</i>	
<i>Name of Company & Department</i>			
<i>Residential Address</i>			
<i>Postal Address (if different)</i>			
<i>Contact details</i>	Tel: () _____ Mobile: () _____ Fax: () _____ Email: _____		

SECTION 2 QUALIFICATIONS & EXPERIENCE OF NOMINEE

<i>For Initial Application Only</i>	<i>“√” if doc submitted</i>
<i>Does the nominee hold a valid ATC license for a minimum of three years?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Has the nominee successfully completed an approved training program?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Has the nominee completed supernumerary duties to the satisfaction of the AACM, such as being a member of license competence check Jury or being an ATC OJTI?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: AACM will monitor the demonstration check when the check items in section 2 “For Initial Application Only” are fulfilled

For Renewal Application Only		“√” if doc submitted
Does the nominee hold a valid ATC license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has the nominee conducted at least three competence checks in each year ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Is the nominee competent to conduct the competence check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

SECTION 3 EXAMINER AUTHORIZATION (Renewal application only)

AACM Authorizaiton Number _____ Expiry date _____

SECTION 4 DECLARATION

(This part should only be filled by Air Traffic Service Provider)	
<input type="checkbox"/> I confirm that _____ has complied with the requirements for the grant of an ATC Examiner Authorization.	
<input type="checkbox"/> I confirm that _____ has been assessed as competent to exercise the privileges of ATC Examiner Authroization.	
<input type="checkbox"/> I have read and understood all the contents in this application, and have provided all real information and supporting document requested in this application.	
Name of the Accountable Manager	Name of Company and Position
Signature	Date of Signing (dd/mm/yyyy)

(This part should only be filled by Nominee)	
1. I delcare that <input type="checkbox"/> <u>there is NO conflict of interest</u> for myself being an authorized ATC Examiner for this company (or) <input type="checkbox"/> <u>there is conflict of interest</u> for myself being an authorized ATC Examiner for this company (Note: an explanation of conflict of interest shall be enclosed with the application)	
2. I hereby certify that all provided information and statement declared above are correct, and agree to be nominated as an authorized ATC examiner for the authority requested in the current application.	
Nominee's Signature	Date of Signing (dd/mm/yyyy)

Note: Application fee is charged in accordance with the charging scheme approved by Executive Order No. 45/2012.

FOR INTERNAL USE ONLY

(This part should ONLY be filled by AACM personnel)

_____ (nominee's name)

“√” if Done	Check Item (Initial Application Only)	Signature / Date (DD/MM/YY)
1 Application		
<input type="checkbox"/>	Required document collection was completed and verified; <input type="checkbox"/> License, Rating, Medical and Language <input type="checkbox"/> Training record <input type="checkbox"/> Supernumerary duties records <input type="checkbox"/> Application fee	
2 Briefing		
<input type="checkbox"/>	Nominee was briefed on the procedures, requirements and technique, assessment standards, contents and interpretation of pertinent publications;	
3 Assessment		
<input type="checkbox"/>	Nominee has satisfactorily performed a demonstration check under the supervision of another AACM authorized ATC Examiner.	
“√” if Done	Check Item (Renewal application only)	Signature / Date (DD/MM/YY)
4 Application		
<input type="checkbox"/>	Required document collection was completed and verified; <input type="checkbox"/> Valid license copy <input type="checkbox"/> Competence checks records <input type="checkbox"/> Competency record <input type="checkbox"/> Application fee	
5 Assessment		
<input type="checkbox"/>	Nominee has satisfactorily completed an annual monitor check conducted by AACM on _____ ATC/CLR/005 Report no. <u>ATC-_____ - _____</u>	
Recommended: <input type="checkbox"/> Yes (To 6.1) <input type="checkbox"/> No, reason to reject: _____ (To 6.2)		
_____ Inspector (Print and Sign)		_____ (Date: DD/MM/YY)
6 Notification		
<input type="checkbox"/>	If Recommended 6.1a) <u>Authorization Notice</u> was issued to ATS provider for Authorization pick up;	
<input type="checkbox"/>	6.1b) <u>Guidance for Air Traffic Control Examiners and On-the-Job Training Instructors</u> was issued - For Initial Application Only; <u>Receipt Acknowledge</u> was signed by Nominee.	
<input type="checkbox"/>	If “NOT” Recommended 6.2) <u>Letter of Denial</u> was issued to Air Traffic Service provider	
<i>Remarks:</i>		