

FOR OFFICIAL USE ONLY

IP no:

Authorization no:

Issue date:

Nomination of Air Traffic Control On-the-Job Training Instructor (OJTI)

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 Licence 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>		“√” if doc submitted
<i>Does the nominee hold a valid ATC licence 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"/>

For Renewal Application Only		“√” if doc submitted
Does the nominee hold a valid ATC licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has the nominee conducted any operational environment / simulation training in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Has the nominee successfully completed an assessment for his / her ongoing competence to train and supervise student or trainee air traffic controllers at least every three years by the ATS service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

SECTION 3 OJTI 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 OJTI Authorization.	
<input type="checkbox"/> I confirm that _____ has been assessed as competent to exercise the privileges of ATC OJTI 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)	
I hereby certify that all provided information and statement declared above are correct, and agree to be nominated as an authorized ATC OJTI 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.

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(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"/> Application fee	
2 Briefing		
<input type="checkbox"/>	Nominee was briefed on the procedures, requirements and technique, assesment standards, and contents and intepretation of pertient publications;	
“√” if Done	Check Item (Renewal application only)	Signature / Date (DD/MM/YY)
3 Application		
<input type="checkbox"/>	Required document collection was completed and verified; <input type="checkbox"/> Valid license copy <input type="checkbox"/> Competency record <input type="checkbox"/> Operational environment / simulation training record <input type="checkbox"/> Application fee	
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	
Remarks:		