



APPLICATION FOR ACCREDITATION OF LANGUAGE PROFICIENCY ASSESSMENT BODY	
Please tick the appropriate box/es: <div style="text-align: center;">Initial <input type="checkbox"/> Revalidation <input type="checkbox"/></div> Application is for accreditation of language proficiency assessment body: <div style="text-align: center;">Aeroplane and helicopter pilots <input type="checkbox"/> Air Traffic Controllers <input type="checkbox"/></div>	
LANGUAGE PROFICIENCY ASSESSMENT BODY DETAILS	
Name of the organisation:	
Address:	
Telephone; Fax; E-mail; Webpage:	
Address of examination facilities (if different):	
MANAGEMENT PERSONNEL (name and surname)	
Accountable Manager:	
Assessment Manager:	
Quality Manager:	
ASSESSMENT PERSONNEL (name and surname)	
Assessors:	Invigilators:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
I,(Name and surname), Accountable Manager, on behalf of (name of the language proficiency assessment body) certify that information from 1.-5 are correct, and oblige to report all changes of those statements to Kosovo Civil Aviation Authority.	
Signature: Date of application:	