APPLICATION FOR ACCREDITATION OF LANGUAGE PROFICIENCY ASSESSMENT BODY

Please tick the appropriate box/es:

- Initial □
- Revalidation □

Application is for accreditation of language proficiency assessment body:

- Aeroplane and helicopter pilots □
- Air Traffic Controllers □

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: ……………………………………………………..