



## Application Form AIR TRAFFIC CONTROLLER LICENCE

- Notes: i) Read the form thoroughly and complete the appropriate sections only.  
ii) Complete the form either electronically or by handwriting in BLOCK CAPITALS and tick boxes where indicated

<b>SECTION 1) APPLICATION FOR</b>
Issuance (Sections 1, 2, 3, 6, 7 and 8) <input type="checkbox"/> ATC Licence, Rating, Rating Endorsement, Unit or Licence Endorsement <input type="checkbox"/> Student ATC Licence
Renewal / Cancellation (Sections 1, 2, 5, 6, 7 and 8) <input type="checkbox"/> ATC Licence, Unit Endorsement or Licence Endorsement <input type="checkbox"/> Student ATC Licence
<input type="checkbox"/> Grant or Renewal of English Language Proficiency Endorsement (Sections 1, 2, 4, 7 and 8)
<input type="checkbox"/> Change of Personal Details (Sections 1, 2, 7 and 8)

<b>SECTION 2) PERSONAL DETAILS</b>			
ATC Licence Number (if held) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Title: .....	
Last name: .....	First name(s): .....		
Date of Birth (dd/mm/yyyy): .....	Citizenship: .....		
Place of Birth: .....	Country of Birth: .....		
Office Address: ..... ..... .....			
Country: .....	City: .....	Postcode: .....	
Telephone Numbers:      Home: .....      Office: .....			

SECTION 3) UNIT LICENCE ENDORSEMENT APPLIED FOR:			
Unit(s) /Sector(s)	Rating	Rating Endorsement	Description
	<input type="checkbox"/> ADV Aerodrome Control Visual		
	<input type="checkbox"/> ADI Aerodrome Control Instrument	<input type="checkbox"/> TWR	Tower Control
		<input type="checkbox"/> AIR	Air Control
		<input type="checkbox"/> RAD	Aerodrome Radar
		<input type="checkbox"/> GMC	Ground Movement Control
		<input type="checkbox"/> GMS	Ground Movement Surveillance
	<input type="checkbox"/> APP Approach Control Procedural		
	<input type="checkbox"/> APS Approach Control Surveillance	<input type="checkbox"/> RAD	Radar
		<input type="checkbox"/> SRA	Surveillance Radar Approach
		<input type="checkbox"/> PAR	Precision Approach Radar

**SECTION 3) UNIT LICENCE ENDORSEMENT APPLIED FOR:**

.....	<input type="checkbox"/> TCL	Terminal Control	
.....	<input type="checkbox"/> ADS	Automatic Dependent Surveillance	
<input type="checkbox"/> ACP Area Control Procedural			
.....	<input type="checkbox"/> ACS Area Control Surveillance	<input type="checkbox"/> RAD	Radar
.....	<input type="checkbox"/> TCL	Terminal Control	
.....	<input type="checkbox"/> ADS	Automatic Dependent Surveillance	
<input type="checkbox"/> OJTI On the Job Instructor			
<input type="checkbox"/> EXM Examiner			

**FOR THE RATING APPLIED FOR, PROVIDE DETAILS OF THE APPROVED COURSE COMPLETED**

Rating: .....	Course Completed (dd/mm/yyyy): .....	Course number: .....
Name of training organization: .....		
Rating: .....	Course Completed (dd/mm/yyyy): .....	Course number: .....
Name of training organization: .....		
Rating: .....	Course Completed (dd/mm/yyyy): .....	Course number: .....
Name of training organization: .....		

Please attach relevant certificates regarding examination results for the rating(s) stated above.

**SECTION 4) ENGLISH LANGUAGE PROFICIENCY ENDORSEMENT**

This section is to be completed for the initial award or for the renewal of the English Language Proficiency Endorsement. Tick as appropriate.

**INITIAL** award of the English Language Proficiency Endorsement

**RENEWAL** of the English Language Proficiency Endorsement

The English Language Proficiency Endorsement of the applicant has been assessed in accordance with Unit procedures.

The applicant has been assessed against the ICAO language proficiency rating scale and has been assessed to have proficiency in the English Language at the following level (*tick as appropriate*):

- Level 6 (Expert Level)
- Level 5 (Extended Level)
- Level 4 (Operational Level)

The assessment was carried out on (dd/mm/yyyy): .....

**Assessment conducted by an organization/institution:**

Name of organization/institution: .....

Address: ..... Country: .....

Please attach relevant certificates regarding the applicant's English Proficiency Assessment.

SECTION 5) CURRENT LICENCE			
Unit Endorsments/Ratings/Rating Endorsement/Licence Endorsments currently held (e.g. ADI/TWR/RAD/GMS)	Expiry date:		
		<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation

SECTION 6) UNIT TRAINING / ASSESSMENT OR EXAMINATION OF COMPETENCE
The applicant has successfully completed the approved training plan and has been assessed or examined as competent to provide the ATC service(s) indicated in Section 3 and Section 5.
Date: _____ Examiner: _____ Authorised Signature: _____
<i>Note: This section should be completed only for those applicants applying for a new ATC Licence or Unit Endorsement(s), or renewal of Unit Endorsement(s).</i>

SECTION 7) DECLARATION
<b>DECLARATION BY APPLICANT</b>
I hereby declare that I have carefully considered the statements made and that to the best of my knowledge they are correct.
Signature: _____ Date (dd/mm/yyyy): _____
<b>DECLARATION BY THE ATC UNIT</b>
I, the undersigned, hereby certify ( <i>tick as appropriate</i> ):
<input type="checkbox"/> The details of the air traffic control training are correct and the applicant's competence has been assessed in accordance with CAAK Regulation 5/2012.
<input type="checkbox"/> The applicant holds a valid medical certificate.
<input type="checkbox"/> The applicant has exercised the privileges of the current licence held for a minimum of 40 operational hours in 90 days.
<input type="checkbox"/> The applicant is recommended for Unit Licence Endorsement(s).
<input type="checkbox"/> The applicant is employed and engaged in unit
Last name: _____ First name: _____ Position: _____
Date (dd/mm/yyyy): _____ Signature: _____
Name of the ANSP: _____ ICAO Location Indicator: _____
Address: _____
City: _____ Country: _____ Postcode: _____
Please attach relevant evidence supporting the statements made above.

SECTION 8) CAA FEES ( <i>Refer to CAA Regulation 02/2015 on fees levied by the CAA</i> )
<input type="checkbox"/> I have enclosed the proof of payment for the relevant fees, in accordance with CAA Regulation 02/2015
Amount paid in Euros: _____

SUBMISSION INSTRUCTIONS		
When completed return this form and accompanying documents to:	Civil Aviation Authority of Kosovo Ahmet Krasniqi st. n.n. 10000 Prishtina, Republic of Kosovo	Telephone: +381 (0)38 248 629 Fax: +381 (0)38 211 009 E-mail: licencimi.atco@caa-ks.org