**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

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| **SECTION 1) APPLICATION FOR:** |
| Issuance of[ ] ATC Licence, Rating, Rating Endorsement, Unit or Licence Endorsment*Note: Please complete Sections 1, 2, 3, 6, 7 and 8* | [ ] Student ATC Licence |
| Revalidation/Renewal / Cancellation [ ] ATC Licence, Unit Endorsement or Licence Endorsement*Note: Please complete Sections 1, 2, 5, 6, 7 and 8* | [ ] Student ATC Licence |
| [ ] Grant or Revalidation/Renewal of English Language Proficiency Endorsement*Note: Please complete Sections 1, 2, 4, 7 and 8*  |  |
| [ ] Change of Personal Details *Note: Please complete Sections 1, 2, 7 and 8* |  |

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| **SECTION 2) PERSONAL DETAILS** |
| ATC Licence Number (if held):       | [ ] Male [ ] Female Title:       |
| First name:       | Last name:       |
| 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:** |
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| **Unit(s) /Sector(s)** | **Rating** | **Rating Endorsement** | **Description** |
|       | [ ]  ADV Aerodrome Control Visual |  |  |
|       | [ ]  ADI Aerodrome Control Instrument | [ ] AIR | Air Control |
| [ ] GMC | Ground Movement Control |
| [ ] TWR | Tower Control |
| [ ] GMS | Ground Movement Surveillance |
| [ ] RAD | Aerodrome Radar Control |
|       | [ ]  APP Approach Control Procedural |  |  |
|       | [ ]  APS Approach Control Surveillance | [ ] PAR | Precision Approach Radar |
| [ ] SRA | Surveillance Radar Approach |
| [ ] TCL | Terminal Control |
|       | [ ]  ACP Area Control Procedural  | [ ] OCN | Oceanic Control |
|       | [ ]  ACS Area Control Surveillance | [ ] TCL | Terminal Control |
| [ ] OCN | Oceanic Control |
|  | [ ]  OJTI On-the-job training instructor |  |  |
|  | [ ]  STDI Synthetic training device instructor |  |  |
|  | [ ]  Assessor |  |  |
| **FOR THE RATING(s) APPLIED FOR, PROVIDE DETAILS OF THE APPROVED COURSE COMPLETED**Please attach relevant certificates regarding examination results for the rating(s) stated below. |
| Rating: |       | Date completed: |       | Course number |       |
| Name of training organization:       |
| Rating: |       | Date completed: |       | Course number |       |
| Name of training organization:       |
| Rating: |       | Date completed: |       | Course number |       |
| Name of training organization:       |
| Rating: |       | Date completed: |       | Course number |       |
| Name of training organization:       |

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| **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 |
| [ ]  **REVALIDATION**/**RENEWAL** of the English Language Proficiency Endorsement |
| 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/institutio**n: |
| Name of organization/institution:       |
| Address:       | Country:       |
| Please attach relevant certificates regarding the applicant's English Proficiency Assessment.  |

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| **SECTION 5) CURRENT LICENCE** |
| Unit Endorsements/Ratings/Rating Endorsement/Licence Endorsements currently held (e.g. ADI/TWR/RAD/GMS): | Expiry date: |  |  |  |
|       |       | [ ] Revalidation | [ ] Renewal | [ ] Cancellation |
|       |       | [ ] Revalidation | [ ] Renewal | [ ] Cancellation |
|       |       | [ ] Revalidation | [ ] Renewal | [ ] Cancellation |
|       |       | [ ] Revalidation | [ ] Renewal | [ ] Cancellation |
|       |       | [ ] Revalidation | [ ] Renewal | [ ] Cancellation |
|       |       | [ ] Revalidation | [ ] Renewal | [ ] Cancellation |

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| **SECTION 6) UNIT TRAINING / ASSESSMENT OF COMPETENCE** |
| Sector/Position/Rating/Endorsement | Date of assessment: | Assessor: | Signature |
|       |       |       |  |
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|       |       |       |  |

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| **SECTION 7) DECLARATION** |
| DECLARATION BY APPLICANT |
| I hereby declare that I have carefully considered the statements made and that to the best of my knowledge they are correct. |
| Signature:  | Date:       |
| DECLARATION BY THE ATC UNIT: |
| I, the undersigned, hereby certify *(tick as appropriate):* |
| [ ] The applicant meets the relevant requirements of CAA Regulation 19/2017. |
| [ ]  The applicant has successfully completed the Unit Training Programme/ Unit Competence Scheme |
| [ ] The applicant is recommended for Unit Endorsement(s). |
| Last name:       | First name:       | Position:       |
| Date:       | Signature: |  |
| Name of the ANSP:       | Location Indicator:       |
| Address:       |
| City:       | Country:       | Post code:       |
| Please attach relevant evidence supporting the statements made above. |

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| **SUBMISSION INSTRUCTIONS** |
| [ ] I confirm that relevant fees in accordance with CAA Regulation 02/2015, will be paid within the applicable timeframe. |
| When completed return this form and accompanying documents to:Civil Aviation Authority of Kosovo Ahmet Krasniqi st. 208. 10000 Prishtina, Republic of KosovoTelephone: +381 (0)38 248 629 Fax: +381 (0)38 211 009  |