**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

|  |  |
| --- | --- |
| **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* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | |

|  |  |
| --- | --- |
| **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. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | | | |

|  |
| --- |
| **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 Kosovo  Telephone: +381 (0)38 248 629  Fax: +381 (0)38 211 009 |