

## 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 <input type="checkbox"/> ATC Licence, Rating, Rating Endorsement, Unit or Licence Endorsment <i>Note: Please complete Sections 1, 2, 3, 6, 7 and 8</i>	<input type="checkbox"/> Student ATC Licence
Revalidation/Renewal / Cancellation <input type="checkbox"/> ATC Licence, Unit Endorsement or Licence Endorsement <i>Note: Please complete Sections 1, 2, 5, 6, 7 and 8</i>	<input type="checkbox"/> Student ATC Licence
<input type="checkbox"/> Grant or Revalidation/Renewal of English Language Proficiency Endorsement <i>Note: Please complete Sections 1, 2, 4, 7 and 8</i>	
<input type="checkbox"/> Change of Personal Details <i>Note: Please complete Sections 1, 2, 7 and 8</i>	

SECTION 2) PERSONAL DETAILS			
ATC Licence Number (if held):	<input type="checkbox"/> Male	<input type="checkbox"/> 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
	<input type="checkbox"/> ADV Aerodrome Control Visual		
	<input type="checkbox"/> ADC Aerodrome Control	<input type="checkbox"/> SUR	Aerodrome Control Surveillance (SUR)
	<input type="checkbox"/> APP Approach Control Procedural		
	<input type="checkbox"/> APS Approach Control Surveillance	<input type="checkbox"/> PAR	Precision Approach Radar
		<input type="checkbox"/> SRA	Surveillance Radar Approach
		<input type="checkbox"/> TCL	Terminal Control
	<input type="checkbox"/> ACP Area Control Procedural	<input type="checkbox"/> OCN	Oceanic Control
	<input type="checkbox"/> ACS Area Central Surveillance	<input type="checkbox"/> TCL	Terminal Control
		<input type="checkbox"/> OCN	Oceanic Control
	<input type="checkbox"/> OJTI On-the-job training instructor		

SECTION 3) UNIT LICENCE ENDORSEMENT APPLIED FOR:			
Unit(s) /Sector(s)	Rating	Rating Endorsement	Description
	<input type="checkbox"/> STDI Synthetic training device instructor		
	<input type="checkbox"/> Assessor		
<b>FOR THE RATING(s) APPLIED FOR, PROVIDE DETAILS OF THE APPROVED COURSE COMPLETED</b> 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.	
<input type="checkbox"/> <b>INITIAL</b> award of the English Language Proficiency Endorsement	
<input type="checkbox"/> <b>REVALIDATION/RENEWAL</b> 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 ( <i>tick as appropriate</i> ):	
<input type="checkbox"/> Level 6 (Expert Level)	
<input type="checkbox"/> Level 5 (Extended Level)	
<input type="checkbox"/> Level 4 (Operational Level)	
The assessment was carried out on (dd/mm/yyyy):	
<b>Assessment conducted by an organization/institution:</b>	
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. ADC/SUR; APP; APS ACP;ACS):	Expiry date:			
		<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation
		<input type="checkbox"/> Revalidation	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation

SECTION 6) UNIT TRAINING / ASSESSMENT OF COMPETENCE
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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 as amended by 11/2024.

☐ 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  
Zejnel Salihu st. 22.  
10000 Prishtina, Republic of Kosovo  
Telephone: +381 38 200 74278