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

PART A: 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:	

PART B: APPLICATION FOR:
☐ Issue of Student ATCO licence, rating(s) and rating endorsement(s) (Part C, D, E ,F and G of this form)
☐ Language proficiency endorsement(s) (Part C, D, E ,F and G of this form)
☐ Issue of ATCO licence, rating(s) and rating endorsement(s) (Part C, D, E ,F and G of this form)
☐ Revalidation of ATCO licence rating(s) and rating endorsement(s) (Part C, D, E ,F and G of this form)
☐ Renewal of ATCO licence rating(s) and rating endorsement(s) (Part C, D, E ,F and G of this form)

PART C: UNIT LICENCE ENDORSEMENT APPLIED FOR:			
Unit(s) /Sector(s)	**Rating**	**Rating Endorsement**	**Description**
	☐ ADC Aerodrome Control	☐ SUR	Aerodrome Control Surveillance
	☐ APP Approach Control Procedural		
	☐ APS Approach Control Surveillance	☐PAR	Precision Approach Radar
		☐SRA	Surveillance Radar Approach
	☐ ACP Area Control Procedural	☐OCN	Oceanic Control
	☐ ACS Area Control Surveillance	☐OCN	Oceanic Control
	☐ OJTI On-the-job training instructor		
	☐ Temporary OJTI On-the-job training instructor		
	☐ Assessor		
	☐ Temporary Assessor		
	☐ STDI Synthetic training device instructor		

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:		

PART D: 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)

Local (specify language): _____ language proficiency endorsement*

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

* Optional, if imposed by the Republic of Kosovo for safety reasons at the ATC unit as published in the AIP.

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.

PART E: CURRENT LICENCE				
Unit Endorsements/Ratings/Rating Endorsement/License Endorsements currently held (e.g. ADC/SUR/APS/APP/APC/APS):	Expiry date:			
		☐Revalidation	☐Renewal	☐Cancellation
		☐Revalidation	☐Renewal	☐Cancellation
		☐Revalidation	☐Renewal	☐Cancellation
		☐Revalidation	☐Renewal	☐Cancellation
		☐Revalidation	☐Renewal	☐Cancellation
		☐Revalidation	☐Renewal	☐Cancellation

PART F: UNIT TRAINING / ASSESSMENT OF COMPETENCE			
Sector/Position/Rating/Endorsement	Date of assessment:	Assessor:	Signature

PART G: 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 Reg. 19/2017 amended by CAA Reg. 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 (0)38 200 74263