



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-ATC-010</b>
<b>TITLE:</b>	<b>APPLICATION FOR ADDITION-RENEWAL OF ELP FOR ATC LICENSE</b>	

<b>INSTRUCTION:</b>		
Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application		
<b>PART – 1 - APPLICANT DETAILS</b>		
Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: _____	Age: _____	
Licence No.: _____	ID Card/Passport No.: _____	
Nationality: _____	Name of Employer: _____	
Address: _____	Mobile Number (s): _____	
Email Address: _____	_____	
<b>PART – 2 - DOCUMENTS CHECKLIST / ATTACHEMENTS</b> (Please enclose the following documents in support of this application)		
S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from applicant, employer or TOs	<input type="checkbox"/>
2-	Copy of current licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Copy of English Language Proficiency (ELP) Certificate from approved TOs	<input type="checkbox"/>
5-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
6-	Other (Specify if any): _____	
<b>PART – 3 - LICENSE &amp; MEDICAL DETAILS</b>		
Medical Certificate No: _____		Class: <input type="checkbox"/> III Expiry Date: _____
<b>Has your medical certificate ever been refused, downgraded, issued with a waiver, or issued with a limitation (except for use and carriage of glasses)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)		
<b>Has your license ever been suspended or revoked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)		
<b>PART – 4 - APPLICATION DETAILS</b>		
<input type="checkbox"/> Addition of English Language Proficiency (ELP) <input type="checkbox"/> Renewal of English Language Proficiency (ELP)		
Name of Training Organization: _____		
ELP Certificate Issue Date: _____		
ELP Level: <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
ELP Assessment Date: _____		



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**PART – 5 - APPLICANT DECLARATION**

Photo  
with uniform  
& blue  
background

I hereby declare and certify that I have read and understood all the questions and notes set forth in this application and the answers I have furnished on all pages of this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation/suspension of the license or rating.

**Signature of Applicant (Sign inside the above box)**

**Date:** \_\_\_\_\_

**PART – 6 - CAMA ACTION  
(For CAMA Use Only)**

**6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION**

Forward   
  Request More Information   
  Reject   
  Approve

**ENDORSEMENTS**

ELP Level:  4     5     6

**Re - Assessment Date:** \_\_\_\_\_

**Comments of Inspector / Officer assigned to this application:**

**Name of Inspector / Officer assigned to this application:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**6-2 PEL MANAGER / D.G. OF PEL & EXAMINATION**

Reject   
  Approve

**Name of PEL Manager / D.G. of PEL & Examination:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_