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| SECTION: | LICENSING FORMS | LIF-ATC-006 |
| TITLE: | APPLICATION FOR RENEWAL OF AIR TRAFFIC CONTROL LICENSE | |

INSTRUCTION:
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

PART – 1 - APPLICANT DETAILS

Name: _____ Gender: Male Female

Date of birth: _____ Age: _____

Licence No.: _____ ID Card/Passport No.: _____

Nationality: _____ Name of Employer: _____

Address: _____ Mobile Number (s): _____

Email Address: _____

PART – 2 - DOCUMENTS CHECKLIST / ATTACHEMENTS
(Please enclose the following documents in support of this application)

| S. No. | Required Documents | For CAMA use only |
|--------|---------------------------------------------------------------------------------|--------------------------|
| 1- | Request letter from employer | <input type="checkbox"/> |
| 2- | Copy of current ATC license | <input type="checkbox"/> |
| 3- | Copy of current medical certificate | <input type="checkbox"/> |
| 4- | Copy of current Certificate of Competence (CoC) | <input type="checkbox"/> |
| 5- | Copy of English Language Proficiency (ELP) certificate/result from approved TOs | <input type="checkbox"/> |
| 6- | Colour passport size photo with uniform & blue background | <input type="checkbox"/> |
| 7- | Other (Specify if any): _____ | |

PART – 3 - LICENSE AND MEDICAL DETAILS

Medical Certificate No: _____ Class: _____ Expiry Date: _____

Has your medical certificate ever been refused, downgraded, issued with a waiver, or issued with a limitation (except for use and carriage of glasses)? Yes No (If so, please submit details in separate sheet)

Has your license ever been suspended or revoked? Yes No (If so, please submit details in separate sheet)

PART – 4 - APPLICATION DETAILS

Current Status of License: ATCO ATC Staff ATC Management

Airport ICAO Code _____ ATC Facility Name _____ ATC Ratings: ADC APCH APCH(R) ACC

English Language Proficiency Level: 4 5 6 Assessment Date: _____

PART – 5 - APPLICANT DECLARATION



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 licence or rating.

Signature of Applicant (Sign inside the above box)

Date: _____

ATC / Training Manager's Name: _____
Signature: _____ Date & Stamp: _____



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