



SECTION:	LICENSING FORMS	LIF-ATC-002
TITLE:	APPLICATION FOR AIR TRAFFIC CONTROL STUDENT LICENSE (ON JOB TRAINING PERMIT) FOR ADDITIONAL RATING	

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	Submitted (For CAMA Use Only)
1-	Request letter from employer or TO	<input type="checkbox"/>
2-	Copy of evidence of having completed the required courses and/or previous experience relevant to the requested rating (CAMA or foreign licence and rating)	<input type="checkbox"/>
3-	Copy of national ID card / passport	<input type="checkbox"/>
4-	Copy of current medical certificate	<input type="checkbox"/>
5-	Copy of English Language Proficiency (ELP) Certificate from approved TO	<input type="checkbox"/>
6-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
7-	Other (Specify if any): _____	

PART – 3 - 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

Airport ICAO code and/or ATC Facility _____ Additional Rating on OJT Permit:
 ADC APCH APCH(R) ACC

Name of approved Training Organization: _____ Graduation Date: _____

English Language Proficiency (ELP) Level 4 5 6 Assessment Date: _____

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 licence or rating.

Signature of Applicant (Sign inside the above box) **Date:** _____

ATC / Training Manager's Name: _____

Signature: _____ **Date & Stamp:** _____



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PART – 6 - CAMA ACTION (For CAMA Use Only)	
6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION	
1- Medical: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable 2- Knowledge: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable 2- Age: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	3- Experience: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable 4- Others: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
<input type="checkbox"/> Forward <input type="checkbox"/> Request More Information <input type="checkbox"/> Reject <input type="checkbox"/> Approve	
<p align="center">Comments of Inspector / Officer assigned to this application:</p>	
Name of Inspector / Officer assigned to this application: _____	
Signature: _____ Date: _____	
6-2 PEL MANAGER / D.G. OF PEL & EXAMINATION	
<input type="checkbox"/> Reject <input type="checkbox"/> Approve	
Name of PEL Manager / D.G. of PEL & Examination: _____	
Signature: _____ Date: _____	