



SECTION:	LICENSING FORMS	LIF-ATC-004
TITLE:	APPLICATION FOR ADDITIONAL RATING OF ATC 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: <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:	_____	

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 TOs	<input type="checkbox"/>
2-	Copy of rating course completion certificate	<input type="checkbox"/>
3-	Copy of current ATC license	<input type="checkbox"/>
4-	Copy of current medical certificate	<input type="checkbox"/>
5-	Copy of evidence of having met Minimum Experience Requirements (MER)	<input type="checkbox"/>
6-	Copy of English Language Proficiency (ELP) certificate / result from approved TOs	<input type="checkbox"/>
7-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
8-	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)

PART – 4 - APPLICATION DETAILS

Current Status of License:	<input type="checkbox"/> ATCO <input type="checkbox"/> ATC Staff <input type="checkbox"/> ATC Management	
Airport ICAO Code	ATC Facility Name	Requested Additional Ratings: <input type="checkbox"/> ADC <input type="checkbox"/> APCH <input type="checkbox"/> APCH(R) <input type="checkbox"/> ACC
Name of Approved Training Organization: _____		Graduation Date: _____
English Language Proficiency (ELP) Level <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 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	3- Experience:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
2- Knowledge:	<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			
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			
<input type="checkbox"/> Reject		<input type="checkbox"/> Approve	
Name of PEL Manager / D.G. of PEL & Examination: _____			
Signature: _____		Date: _____	