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| **APPLICATION FOR THE ISSUE/ REVALIDATION/ RENEWAL OF/ (STUDENT) AIR TRAFFIC CONTROLLER [ATCO] LICENSE, RATINGS AND ENDORSEMENT** |
| **Part A: APPLICANT’S DETAILS** |
| Name/ surname:……………………………………………………………… …………………….Address: ………………………………………..………………… ………Telephone: …………………………..Mobile:………………………………… E-mail address: ……………………………… …………………….Nationality: ………………………………….Date (dd/mm/yyyy) and place of birth ………………………………………………………………… |
| ATCO /(STUDENT) LICENSE DETAILS (if applicable):No. License serial: ……………………………………………….Date (dd/mm/yyyy): …………………………….. |
| EMPLOYER DETAILS (if applicable):Name: ……………………………………………………………… …………………… |
| **Part B: APPLICATION FOR** (fill in the relevant boxes) |
| [ ] Issue of ATCO Student license, rating(s) and rating endorsement(s) (Parts C, E and F of this form) |
| [ ] Language endorsement/s (Parts C, E and F of this form) |
| [ ] Issue of ATCO License, rating(s) and rating endorsement(s) (Parts C, E and F of this form) |
| [ ] Revalidation of ATCO License rating, endorsement(s) (Parts C, E and F of this form) |
| [ ] Renewal of ATCO License rating, endorsement(s) (Parts C, E and F of this form) |
| **Part C: RATING/ RATING ENDORSEMENT/ATC UNIT/Sector** |
| ADI [ ]  | (Unit, sector, job position) | TWR [ ]  | GMC [ ]  | GMS [ ]  | AIR [ ]  | RAD [ ]  |
| APS [ ]  | (Unit, sector, job position) | PAR [ ]  | SRA [ ]  | TCL [ ]  |  |
| ACS [ ]  | (Unit, sector, job position) | TCL [ ]  | OCN [ ]  |  |  |
| ACP [ ]        | (Unit, sector, job position) | OCN [ ]  |  |  |  |  |
| ADV [ ]        | (Unit, sector, job position) |  |  |  |  |  |
| APP [ ]        | (Unit, sector, job position) |  |  |  |  |  |
| **License Endorsement** |
| OJTI [ ]  | STDI[ ]  | Assessor [ ]  | endorsement of language ability* level 4 [ ]
* level 5 [ ]
* level 6 [ ]
 | Endorsement of language ability (specify language) local.* level 4 [ ]
* level 5 [ ]
* level 6 [ ]

\*Optional, if decided by the State for safety reasons and published in AIP |
| **Part D: REVALIDATION /RENEWAL OF UNIT ENDORSEMENT** |
| The applicant fulfills the requirements according to Minister Order No. 91, Date 21.02.2019, and the competence scheme of the unit……………….. ………………………………………………………………………….The unit/license Endorsement noted below have been revalidated/renewed \* (delete as necessary). Based on this, **REVALIDATION /RENEWAL** can be done as follows: |
| **Endorsement unit:** |  | **Valid until:** |  |
| **Endorsement unit:** |  | **Valid until:** |  |
| **Endorsement unit:** |  | **Valid until:** |  |
| **Endorsement unit:** |  | **Valid until:** |  |
| **Endorsement unit:** |  | **Valid until:** |  |
| **Endorsement unit:** |  | **Valid until:** |  |
| I certify that the data are complete and true.**Authorized Assessor:** | **Name:** | **Assessor's license number** | **Signature:** |
| **Part E: Declaration** |
| I hereby:* + - 1. apply for the Issue, revalidation/ renewal of the ATCO License (student) ratings and/or endorsements as indicated;
			2. confirm that the information contained herein is correct at the time of application;
			3. confirm that I am not holding any (Student) ATCO License issued in another State ;
			4. confirm that I have not applied for any (Student) ATCO License in another State ; and
			5. confirm that I have never held a (Student) ATCO License issued in another State which has been rvoked or suspended in any other State.

I understand that any incorrect information provided herein could prohibit me from holding a (Student) ATCO License.Signature of Applicant: . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Date of Signature (dd/mm/yyyy): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
| **Part F: Certificates/Documents** |
| Please add all relevant certificates and/or documents: |
| 1. Copy of ATCO Student License, if applicable | [ ]  |
| 2. Copy of ATCO License, if applicable | [ ]  |
| 3. Copy of passport or other national ID: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | [ ]  |
| 4. Copy of medical certificate: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . | [ ]  |
| 5. Copy of appropriate training certificate/documents proving successful completion of: |  |
| 1. Initial training (integrated) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | [ ]  |
| 1. Basic training . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | [ ]  |
| 1. Rating training. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | [ ]  |
| 1. Unit training . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
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| 1. Practical instructor training . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | [ ]  |
| 1. Assessor training. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . .
 | [ ]  |
| 1. Refresher training. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 | [ ]  |
| 6. Copy of language proficiency certificate(s): language(s). . . . . . . . . . . . . . . . . . . . . . . | [ ]  |
| 7. Statement/letter from ANSP proving that the license holder has completed the requirements in compliance with the competence scheme of the approved unit, and the detailed requirements for each individual (see points 5 and 8) | [ ]  |
| 8. Copy of the competence evaluation form | [ ]  |
| 9. Copy of ….\* | [ ]  |