Part A: APPLICANT'S DETAILS
Name/ Surname:………………………………………………………… …………………….
Permanent address: ………………………………….…..……………… ………
Tel: …………………………...
Mobile:…………………………………
E-mail address: …………………………… …………………….
Nationality: ……………………………….
Date (dd/mm/yyyy) and place of birth …………………………………………………………………
(STUDENT) ATCO LICENSE DETAILS (if applicable):
Licence serial number: ………………………………………….
Date of issue (dd/mm/yyyy): ……………………………..
EMPLOYER'S DETAILS (if applicable):
Name: ……………………………………………………………… ……………………

Part B: APPLICATION FOR (Tick the relevant boxes)

☐ Issue of ATCO Student licence, 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 licence, rating(s) and rating endorsement(s) (Parts C, E and F of this form)

☐ Revalidation of ATCO licence rating(s) and the rating endorsement(s) (Parts C, E and F of this form)

☐ Renewal of ATCO licence rating(s), and rating endorsement(s) (Parts C, E and F of this form)

Change of Competent Authority/ Licence number:

☐ Request for a change of Competent Authority (Parts C, E and F of this form)

Part C: RATING/ RATING ENDORSEMENT/ATC UNIT/Sector

ADC ☐	(Unit, sector, job position)					SUR ☐
APS ☐	(Unit, sector, job position)	PAR ☐	SRA ☐			
ACS ☐	(Unit, sector, job position)		OCN ☐			
ACP ☐	(Unit, sector, job position)	OCN ☐				
ADV ☐	(Unit, sector, job position)					
APP ☐	(Unit, sector, job position)					

Licence endorsements

OJTI ☐	STDI ☐	Assessor ☐	Language proficiency endorsement – level 4 ☐ – level 5 ☐ – level 6 ☐	Local (specify language): language proficiency endorsement* – level 4 ☐ – level 5 ☐ – level 6 ☐ *Optional, if imposed by the Member State for safety reasons at the ATC unit as published in the AIP.

Part D: Unit endorsement revalidation/renewal

The applicant meets the requirements of Minister Order No. 171, Date 11.11.2025, and of the .... unit competence scheme.
The unit endorsements annotated below are revalidated/renewed (insert as appropriate).

Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	
Unit endorsement:		Valid until:	

I certify that the data is complete and true. **Authorized assessor:**	**Name:**	**Assessor's licence number**:	**Signature:**

Part E: Declaration

I hereby:
1. apply for the issue/revalidation/renewal of (Student) ATCO licence, ratings and/or endorsements as indicated;

2. confirm that the information contained herein is correct at the time of the application;

3. confirm that I do not hold any (Student) ATCO licence issued in another State;

4. confirm that I have not applied for any (Student) ATCO Licence in another State; and

5. confirm that I have never held a (Student) ATCO Licence issued in another State which has been revoked or suspended in any other State.

I understand that any incorrect information provided herein could prohibit me from holding a (Student) ATCO Licence.

Signature: . . . . Name: . . . .

Date (dd/mm/yyyy): . . . .

Part F: Certificates/Documents

Please enclose all relevant certificates and/or documents:

1. Copy of Student ATCO Licence, if applicable	☐
2. Copy of ATCO Licence, if applicable	☐
3. Copy of passport or other national ID:	☐
4. Copy of medical certificate:	☐
5. Copy of relevant training certificate/documents proving the successful completion of:	
(a) Initial training (integrated)	☐
(b) Basic training	☐
(c) Rating training.	☐
(d) Unit training	☐
(e) Practical instructor training	☐
(f) Assessor training.	☐
(g) Refresher training.	☐
6. Copy of language proficiency certificate(s): language(s).	☐
7. Certificate by ATC provider proving that the licence holder has fulfilled the requirements in accordance with the approved unit competence scheme (see points 5 and 8)	☐
8. Copy of the competence assessment form	☐
9. Any other copy(ies), as necessary	☐
10. For a request for a change of competent authority, the following is also required: ACAA-DTL-ATCP-106 form "Verification of an ATC license and request to transfer associated medical records".	☐