



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-ATC-001</b>
<b>TITLE:</b>	<b>APPLICATION FOR ATC / OJT PERMIT</b>	

**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: _____
CAMA Licence No. (if any): _____	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 course completion certificates from approved TOs	<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 TOs	<input type="checkbox"/>
6-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
7-	Other (Specify if any): _____	

**PART – 3 - MEDICAL DETAILS**

**Do you hold a medical certificate?**  Yes  No (If so, please complete the following items):  
**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**

Airport ICAO code and/or ATC Facility	ATC / OJT Permit Issue: <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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<b>PART – 6 - CAMA ACTION</b> (For CAMA Use Only)			
<b>6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION</b>			
<b>1- Age:</b>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<b>3- Experience:</b>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
<b>2- Knowledge:</b>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	<b>4- Medical:</b>	<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: _____	
<b>6-2 PEL MANAGER / D.G. OF PEL &amp; EXAMINATION</b>			
<input type="checkbox"/> Reject		<input type="checkbox"/> Approve	
Name of PEL Manager / D.G. of PEL & Examination: _____			
Signature: _____		Date: _____	