



SECTION:	LICENSING FORMS	LIF-ATC-003
TITLE:	APPLICATION FOR INITIAL ISSUE OF AIR TRAFFIC CONTROLLER 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: Male 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 certificate from approved TOs	<input type="checkbox"/>
3-	Copy of national ID card / passport (Must be 21 years of age)	<input type="checkbox"/>
4-	Copy of current medical certificate	<input type="checkbox"/>
5-	Copy of certificate of competence	<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

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 _____ Ratings: 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: _____

