



SECTION:	LICENSING FORMS	
TITLE:	APPLICATION FOR AMENDMENT / REPLACEMENT OF AIR TRAFFIC CONTROL LICENCE (LOST, DAMAGED OR CHANGE OF INFORMATION)	LIF-ATC-007

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: _____

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 applicant, employer or TO	<input type="checkbox"/>
2-	Copy of current ATC licence	<input type="checkbox"/>
3-	Copy of current medical certificate	<input type="checkbox"/>
4-	Copy of current national ID card / passport	<input type="checkbox"/>
5-	Original copy of licence (For damaged license / change of information)	<input type="checkbox"/>
6-	Police report (For lost license)	<input type="checkbox"/>
7-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
8-	Other (Specify if any): _____	

PART 3 – CHANGE OF INFORMATION
Please list the items to be changed

Item to Be Changed	Old Item (Same as On License)	New Item
<input type="checkbox"/> Name		
<input type="checkbox"/> Date Of Birth (DOB)		
<input type="checkbox"/> Nationality		
<input type="checkbox"/> Employer		

PART – 4 - LICENSE & MEDICAL DETAILS

Medical Certificate No: _____ 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)

Has your license ever been suspended or revoked? Yes No (If so, please submit details in separate sheet)



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PART – 5 - APPLICATION DETAILS

Application Type:	<input type="checkbox"/> Change of Information	<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged
Current Rating:	<input type="checkbox"/> ADC	<input type="checkbox"/> APCH	<input type="checkbox"/> APCH(R) <input type="checkbox"/> ACC
Current Status of License:	<input type="checkbox"/> ATCO	<input type="checkbox"/> ATC Staff	<input type="checkbox"/> ATC Management
English Language Proficiency Level:	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Assessment Date: _____
Airport ICAO code and/or ATC Facility:			

PART – 6 - APPLICANT DECLARATION

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Photo with uniform & blue background</p> </div>	
<p>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.</p>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p>Signature of Applicant (Sign inside the above box)</p>	<p>Date: _____</p>

**PART – 7 - CAMA ACTION
(For CAMA Use Only)**

7-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

1- Knowledge:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not acceptable
2- Medical:	<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:** _____

7-2 PEL MANAGER / D.G. OF PEL & EXAMINATION

<input type="checkbox"/> Reject	<input type="checkbox"/> Approve
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Name of PEL Manager / D.G. of PEL & Examination: _____

Signature: _____ **Date:** _____