

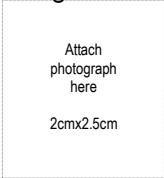


AERONAUTICAL STATION OPERATOR'S LICENCE - APPLICATION

(For Support Services Personnel associated with ATS/ANS that operate radio transceivers on the aeronautical band)

Complete application form and attach the following -

- For initial issue of licence – Evidence that required training has been satisfactorily completed meeting the SD AT SPL, certified examination results and a passport size photograph.
- For renewal, attach licence with this completed application form and submit to the PEL Office.



Note: Applications to be submitted at least 10 working days in advance to allow for processing.

| | | | |
|---|-------------|--|--|
| TO BE COMPLETED BY APPLICANT | | | <i>(Tick applicable <input checked="" type="checkbox"/> box below)</i> |
| First Name | Middle Name | Surname | |
| Address: Phone No: _____ (Res.) _____ (Wk) | | Nationality: _____ Country of Birth: _____ Date of Birth (d/m/y): _____ | |
| Occupation: _____ Location: _____ | | Employer's Name: _____ | |
| <input type="checkbox"/> New Licence <input type="checkbox"/> Renewal / Replacement * of Licence No: _____ (* Delete as applicable) | | | |
| Language Proficiency: Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> (Assessment form to be attached) | | | |
| <p>The information solicited herein is required pursuant to Air Navigation Regulations 53, which provides for a fit and proper person test to be satisfied.</p> <p>(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked (<i>other than a licence that has been superseded by a replacement or higher licence</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If answering "yes", please give details: _____</p> <p>_____</p> <p>(b) Do you have any physical disability that handicaps you from operating radio transceiver equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Do you have any hearing defect? <input type="checkbox"/> Yes <input type="checkbox"/> No; Do you wear a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Do you wear corrective lenses <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Are you able to correctly identify red and green light signals emitted from a signal lamp at a distance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Are you familiar with the surface movement & safety procedures applicable for the airport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(g) Are you familiar with standard RTF procedures, phraseologies and the phonetic alphabet/number? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | |
| <p>I certify that the above information is correct that the enclosed copies of my personal documents are authentic and that the information provided is true and correct. I further authorise the Authority to use the information concerning me on this form or attached hereto for any purpose as required or authorised by law. I further authorise such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority.</p> | | | |
| Signature of Applicant: _____ | | | Date: _____ |

BELOW FOR OFFICIAL USE ONLY**Chargeable Man Hours**

| Travelling Time | Transportation | Accommodation | Rating / Validation | Processing Time | |
|-------------------------------|-----------------|---------------|---------------------|-----------------|--|
| | | | | ATMI | |
| | | | | | |
| | | | | CGS | |
| Examination Results | Medical Results | Fit & Proper | Licence No: | | |
| Passed/Failed | Y/N/Conditional | Y/N/C | | LO | |
| Remarks: | | | | | |
| Checked by Licensing Officer: | | (Signature) | | (Date) | |
| Comments: | | | | | |
| Endorsed by: | | (Signature) | | (Date) | |
| Comments: | | | | | |
| Approved by: | | (Signature) | | (Date) | |
| Fees | | | | | |
| Receipt No./Date | | | | | |