Complete application form and attach the following -

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

|  |
| --- |
| Attach photograph here    2cmx2.5cm |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE COMPLETED BY APPLICANT** | *(Tick applicable* ✓ *box below)* | |  |
| First Name | Middle Name | | Surname |
|  |  | |  |
| **Address**:  **Phone No:**(Res.)      (Wk) | | **Nationality:**  **Country of Birth:**  **Date of Birth**: Click or tap to enter a date. | |
| **Occupation:**        **Location:** | | **Employer's Name:** | |
| New Licence  Renewal **/** Replacement | | Licence No:      *(\* Delete as applicable)* | |
| **Language Proficiency:** Level 3 Level 4  Level 5  Level 6*(Assessment form to be attached)* | | | |
| The information solicited herein is required pursuant to Air Navigation Regulations 53, which provides for a fit and proper person test to be satisfied.   1. 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you been the holder of an aviation   document that has been suspended or revoked *(other than a licence that has been superseded by a replacement or higher licence)*? YesNo  If answering “yes”, please give details:   1. Do you have any physical disability that handicaps you from operating radio transceiver equipment?   Yes No   1. Do you have any hearing defect? Yes No; Do you wear a hearing aid?  Yes No 2. Do you wear corrective lenses Yes No 3. Are you able to correctly identify red and green light signals emitted from a signal lamp at a distance?   Yes No   1. Are you familiar with the surface movement & safety procedures applicable for the airport?   Yes No   1. Are you familiar with standard RTF procedures, phraseologies and the phonetic alphabet/number?   Yes No | | | |
| 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.  **Signature of Applicant**:  **Date:** Click or tap to enter a date. | | | |

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| **BELOW FOR OFFICAL USE ONLY** | |  |  |  |  |
| **Chargeable Man Hours** | | | | | |
| Travelling Time | Transportation | Accommodation | Rating / Validation | Processing | Time |
|  |  |  |  | ATMI |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | EMGS |  |
| Examination Results | Medical Results | Fit & Proper | Licence No: |  |  |
| Passed Failed | Y  N  Conditional | Y N C |  | LO |  |
| Remarks:  Checked by Licensing Officer:    (Signature):  Date: Click or tap to enter a date. | | | | | |
| Comments:  Endorsed by:  (Signature): Date: Click or tap to enter a date. | | | | | |
| Comments:  Approved by:  (Signature):  Date: Click or tap to enter a date. | | | | | |
| Receipt No./Date | Click or tap to enter a date. | | | | |