Ref. No: **FM-ATCO-PEL-01**

**APPLICATION FOR ISSUE/REVALIDATION/RENEWAL OF (STUDENT) AIR TRAFFIC CONTROLLER (ATCO) LICENCE, RATINGS AND ENDORSEMENTS**

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| **READ instruction BEFORE signing to complete Forms****Instruction for use:**1. **Complete in BLOCK CAPITALS**
2. **Fill in the relevant sections**
 |

|  |  |
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| **Part A: APPLICANT’S DETAILS** | **(Completed by the Applicant)** |
| First name: |  | Second name: |  | Last name: |  |
| Date of birth (dd/mm/yyyy): |  | Place of birth: |  | Nationality: |  |
| Permanent address: |  |
| Contact number: |  | E-mail: |  |
| (STUDENT) ATCO LICENCE DETAILS (if applicable) |
| Licence serial No: | Date of issue (dd/mm/yyyy): |
| EMPLOYER’S DETAILS (if applicable): |
| Name: |  | Contact number: |  |
| Address: |  |
| **Part B: APPLICATION FOR (Tick the relevant boxes)** | **(Completed by the Applicant)** |
| □ | Issue of Student ATCO Licence, rating(s) and endorsements (Part C, E and F of this form)  |
| □ | Language endorsement(s) (Part C, E and F of this form)  |
| □ | Issue of ATCO Licence, rating(s) and endorsements (Part C, E and F of this form)  |
| □ | Revalidation of ATCO Licence rating, endorsements (Part C, D, E and F of this form)  |
| □ | Renewal of ATCO Licence rating, endorsements (Part C, D, E and F of this form) |
| **Part C: RATING/RATING ENDORSEMENT/ATC UNIT/SECTOR** | **(Completed by the Applicant)** |
| **Rating** | **Unit, sector, working position (if appropriate)** | **ICAO 4-letter code** |  |
| ADV Aerodrome Control Visual | □ |  |  |  |
| APP Approach Control Procedural | □ |  |  |  |
| APS Approach Control Surveillance | □ |  |  |  |
| ACP Area Control Procedure | □ |  |  |  |
| ACS Area Control Surveillance | □ |  |  |  |
| **Licence endorsements** |
| OJTI □ | Assessor □ | English language proficiency endorsement* level 4 □
* level 5 □
* level 6 □
 |
| **Part D: DETAILS OF INITIAL or RATING TRAINING COURSE** | **(Completed by the Applicant)** |
| Rating: | Dates of Course (dd/mm/yyyy):  |  / / to / / |
| Name of Training Institute: | Country: |
| **Part E: UNIT ENDORSEMENT REVALIDATION/RENEWAL** | **(Completed by the Assessor)** |
| The applicant meets the requirements according to Regulation BCAR PEL and BCAR ATCO-PEL and to the unit competence scheme (UCS) of unit ………………………………………………………………………. The unit/licence endorsements annotated below are revalidated/renewed \* (delete as appropriate). Based on this, REVALIDATION/RENEWAL can be done as listed below: |
| Unit endorsement: |  | Valid until: |  |
| Unit endorsement: |  | Valid until: |  |
| Unit endorsement: |  | Valid until: |  |
| Unit endorsement: |  | Valid until: |  |
| Unit endorsement: |  | Valid until: |  |
| I certify that the data is complete and true |
| Authorised assessor’s name: |
| Assessor’s licence number: |
| Signature: . . . . . . . . . . . . . . . . . . |
| **Part F: DECLARATION BY APPLICANT** | **(Completed by the Applicant)** |
| I hereby: 1. apply for the issue/revalidation/renewal of (Student) ATCO Licence, ratings and/or endorsements as indicated;
2. confirm that the information contained herein is correct at the time of the application;

I understand that any incorrect information provided herein could prohibit me from holding a (Student) ATCO Licence.  |
| Signature: . . . . . . . . . . . . . . . . . . |  |
| Name:  | Date (dd/mm/yyyy): |
| **Part G: CERTIFICATES/DOCUMENTS**  | **(Completed by the Applicant)** |
| Please enclose all relevant certificates and/or documents:  |  |
| 1. Copy of Student ATCO Licence, if applicable
 | □ |
| 1. Copy of passport or citizenship identity card (CID)
 | □ |
| 1. Copy of medical certificate
 | □ |
| 1. Copy of relevant training certificate/documents proving the successful completion of:
 | □ |
| * 1. Initial training (integrated)
 | □ |
| * 1. Basic training
 | □ |
| * 1. Rating training
 | □ |
| * 1. Unit training
 | □ |
| * 1. OJTI training
 | □ |
| * 1. Assessor training
 | □ |
| * 1. Refresher training
 | □ |
| 1. Copy of English language proficiency certificate(s): language(s)
 | □ |
| 1. Certificate by ATS provider providing that the licence holder has fulfilled the requirements in accordance with the approved unit competence scheme (UCS)
 | □ |
| 1. Copy of the competence assessment form
 | □ |
| When completed, please submit this form to: Personnel licensing section (PEL)Bhutan Civil Aviation Authority (BCAA)Paro International AirportTelephone Enquiries: **(975) (08) 271347**e-mail: bcaa@bcaa.gov.bt **or** bcaa-techdiv@bcaa.gov.bt |  |