Ref. No: **FM-ATCO-PEL-02**

**APPLICATION FOR ISSUE OF TEMPORARY OJTI AND ASSESSOR AUTHORISATION**

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

|  |  |
| --- | --- |
| **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: |  |
| EMPLOYER’S DETAILS (if applicable): |
| Name: |  | Contact number: |  |
| Address: |  |
| **Part B: 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 C: 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 D: DECLARATION BY APPLICANT** | **(Completed by the Applicant)** |
| I hereby: 1. apply for the issue of temporary OJTI and/or Assessor authorisation;
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 OJTI and/or Assessor authorisation;.  |
| Signature: . . . . . . . . . . . . . . . . . . |  |
| Name:  | Date (dd/mm/yyyy): |
| **Part E: CERTIFICATES/DOCUMENTS**  | **(Completed by the Applicant)** |
| Please enclose all relevant certificates and/or documents:  |  |
| 1. Copy of passport or citizenship identity card (CID)
 | □ |
| 1. Copy of medical certificate (Class 3)
 | □ |
| 1. Copy of relevant training certificate/documents proving the successful completion of:
 |  |
| * 1. Initial training
 | □ |
| * 1. Rating training
 | □ |
| * 1. OJTI training
 | □ |
| * 1. Assessor training
 | □ |
| * 1. Refresher training
 | □ |
| 1. Copy of English language proficiency certificate
 | □ |
| 1. Safety analysis from the ATS provider
 | □ |
| When completed, please submit this form to: Personnel licensing (PEL) sectionBhutan Civil Aviation Authority (BCAA)Paro International AirportTelephone Enquiries: **(975) (08) 271347**e-mail: bcaa@bcaa.gov.bt **or** bcaa-techdiv@bcaa.gov.bt |  |