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) section  Bhutan Civil Aviation Authority (BCAA)  Paro International Airport  Telephone Enquiries: **(975) (08) 271347**  e-mail: [bcaa@bcaa.gov.bt](mailto:bcaa@bcaa.gov.bt) **or** [bcaa-techdiv@bcaa.gov.bt](mailto:bcaa-techdiv@bcaa.gov.bt) | | | | | | | | | | | | | | | | | | | | | | | | |  |