

Complete application form and attach the following -

- For initial issue of licence – Evidence that required training has been satisfactorily completed meeting the SD ATSP, 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.

Attach
photograph
here

2cmx2.5cm

TO BE COMPLETED BY APPLICANT		(Tick applicable <input checked="" type="checkbox"/> box below)
First Name	Middle Name	Surname
Address: Phone No: (Res.) (Wk)		Nationality: Country of Birth: Date of Birth:
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)		
<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other than a licence that has been superseded by a replacement or higher licence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>)? Yes No</p> <p>If answering "yes", please give details:</p> <p>(b) Do you have any physical disability that handicaps you from operating radio transceiver equipment? Yes No</p> <p>(c) Do you have any hearing defect? Yes No; Do you wear a hearing aid? Yes No</p> <p>(d) Do you wear corrective lenses Yes No</p>		

(e) Are you able to correctly identify red and green light signals emitted from a signal lamp at a distance?

Yes No

(f) Are you familiar with the surface movement & safety procedures applicable for the airport?

Yes No

(g) 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:

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:

Comments:

Endorsed by:

(Signature):

Date:

Comments:

Approved by:

(Signature):

Date:

Receipt No./Date

Date: