



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.

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		<i>(Tick applicable <input checked="" type="checkbox"/> box below)</i>
First Name	Middle Name	Surname
Address:		Nationality:
Phone No: (Res.) (Wk)		Country of Birth: Date of Birth:
Occupation: Location:		Employer's Name:
New Licence Renewal / Replacement		Licence No: <i>(* Delete as applicable)</i>
Language Proficiency: Level 3 Level 4 Level 5 Level 6 <i>(Assessment form to be attached)</i>		
The information solicited herein is required pursuant to Air Navigation Regulations 53, which provides for a fit and proper person test to be satisfied.		
(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(other than a licence that has been superseded by a replacement or higher licence)?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		
If answering "yes", please give details:		
(b) Do you have any physical disability that handicaps you from operating radio transceiver equipment?		
Yes No		
(c) Do you have any hearing defect? Yes No; Do you wear a hearing aid? Yes No		
(d) Do you wear corrective lenses Yes No		

(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:** _____

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:				