

# AIR SAFETY SUPPORT INTERNATIONAL



## Air Traffic Controller Licence

Anguilla/British Virgin Islands/Montserrat

ATC Licence issue application

Validation examination application & record

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM CAN BE FOUND AT SECTION 4

1		PERSONAL DETAILS												
Student/Air Traffic Control Licence Number						/		A	T	C	/			
Last Name														
First Name(s)														
Date of Birth		D	D	M	M	Y	Y	Y	Y					
Nationality														
Home Address														
Contact telephone number														
E-mail														

2		DECLARATION BY ATS UNIT MANAGER											
I, the undersigned, hereby certify:													
(i)		that the applicant has successfully completed the approved ATC unit training plan or will have completed it by the time of the validation examination; and											
(ii)		that I have sufficient evidence to recommend the applicant for a validation examination.											
Signature													
Last Name													
Date													
Position Held													
Air Traffic Control Unit Name													

<b>3</b>	<b>VALIDATION EXAMINATION RECORD</b>								
Air Traffic Control Unit									
Date of Examination		D	D	M	M	Y	Y	Y	Y
		* DELETE below as appropriate							
<b>AERODROME CONTROL*</b>		<b>APPROACH CONTROL*</b>			<b>PASS*</b>		<b>FAIL*</b>		
		<b>Entry made in air traffic control licence*</b>							
<b>Examiner Notes</b> (continue on separate page if required)									
<b>AERODROME CONTROL*</b>		<b>APPROACH CONTROL*</b>			<b>PASS*</b>		<b>FAIL*</b>		
		<b>Entry made in air traffic control licence*</b>							
<b>Examiner Notes</b> (continue on separate page if required)									
<p>I confirm that on the date specified above the licence holder named in Section 1 of this form passed an appropriate test of their competence to exercise the privileges of the rating(s) at the place specified above.</p> <p>I Confirm that the individual named in Section 1 of this form has been issued with an Air Traffic Controller's Licence.*</p>									
Signature of Authorised Examiner									
Last Name									
Date									

<b>4</b>	<b>INSTRUCTIONS FOR COMPLETION OF FORM</b>	
Complete the following sections as appropriate;		
Applicant for ATC Licence issue and/or validation examination		Section 1
ATC Unit Manager to confirm current status of applicant		Section 2
ATC Examiner to complete report on conduct of validation examination		Section 3

<b>5</b>	<b>FORM HISTORY</b>	
Reference Number	PEL-FRM-001	
Issue Number	2.00	
Date	21 April 2015	

