



ESWATINI CIVIL AVIATION AUTHORITY

Form: O-PEL070

FEBRUARY 2019

**APPLICATION FOR ISSUE, RENEWAL, REISSUE, ADDITIONAL RATING FOR AN AIR TRAFFIC CONTROLLERS LICENCE**

I hereby apply for the **ISSUE/RENEWAL/REISSUE/ADDITIONAL RATING**

of.....

1. (a) Surname.....

(b) First name (s) .....

2. (a) Residential Address: ..... (b) Postal Address: .....  
 .....  
 .....  
 .....

3. (a) Private Telephone No. .... (b) Business Telephone No.....  
 (c) Fax No..... (d) Email address.....

4. Place of Birth: ..... 5. Date of Birth: .....

6. Nationality: ..... 7. Sex: M  F

8. Name of ATO at which instructed (If Applicable) .....

9. PARTICULARS OF LICENCES ALREADY HELD / Number.....

Place of Issue	Date of issue	Aerodrome	App Procedural	App Radar	Date of expiry

10. Category, Class and or Type (if required) for which the Licence is required.

11. Whether yet examined for and obtained a medical certificate in accordance with the Civil Aviation Regulations? YES / NO

12. If so, state class of medical and date of issue, and name of Medical Examiner

.....

13. I am able to read, speak, write, and understand the English language. YES / NO

14. I have met all the requirements for the Grant of this licence. YES / NO

15. **DECLARATION** – I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

16. *Information and Instructions:*

*(1) This form when completed should be forwarded to the personnel licensing office, Eswatini Civil Aviation Authority, Matsapha Airport Road. Matsapha Airport, Matsapha; P. O. Box D361, Eswatini, Tel: +268-2333 5370/5400, Fax: +268-2518-4199, or Email to: licensing@eswacaa.co.sz; together with the following:*

*(a) The appropriate fees;*

*(b) Documents relating to proof of age, date of birth, full name and nationality. (copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).*

*(c) Two recent photographs PASSPORT SIZE taken from the same negative (full face).*

*(d) Medical Certificate from authorized Civil Aviation Medical Examiner.*

*(e) Evidence of qualification to meet the requirement for the issue/renewal of the license;*

*(f) Any licenses held.*

.....  
**Signature of Applicant**

.....  
**Date of Application**

**FOR OFFICIAL USE ONLY**

Fees Paid:	Date:	Receipt #	File #
------------	-------	-----------	--------

Name -	Signature	of the PEL Officer
--------	-----------	--------------------