



ESWATINI CIVIL AVIATION AUTHORITY

FORM O-PEL050

JULY 2020

AIR TRAFFIC CONTROLLER LICENCE APPLICATION FORM: Date 02 July 2020

Form: ESWACAA ANS/PEL/001

- Notes**
- i) read the form thoroughly and complete the appropriate sections only
 - ii) Complete the form in BLOCK CAPITALS or tick boxes unless otherwise indicated

SECTION 1) APPLICATION FOR (complete section listed)

- Grant of an Air Traffic controller Licence, Rating, Rating Endorsement, Unit Endorsement or English Language Proficiency Endorsement (Sections 1,2,3,4,5 and 6). (Tick the relevant endorsement)
- Air Traffic Controller Licence – expiry or withdrawal of a Unit Endorsement (Sections 1,2 and 6)
- Change of personal details (Sections 1,2 and 6)

Section 1,2 and 3 - to be completed by applicant
 Section 4,5,6 & 7 - to be completed by examiner
 Section 8 - to be completed by Inspector

SECTION 2) PERSONAL DETAILS

ATC Licence Number (if held)

Male Female Title-----

Surname: ----- Forename (s) -----

Date of birth ----- Nationality -----

Place of Birth ----- - Country of Birth -----

Residential Address -----

Postal Address: -----

Country: ----- Postcode : -----
-

Telephone Numbers: Home: -----
Work: -----

Mobile:

SECTION 3) UNIT ENDORSEMENT APPLIED FOR:

Location of Examination: Date:

Unit : **Rating Endorsement:**

- Aerodrome Control (AD):
- Approach Control Procedural (APP):
- Approach Control Radar Surveillance (APS):
- Instructor (OJTI):

FOR THE RATING APPLIED FOR, PROVIDE DETAILS OF THE APPROVED COURSE (formal training) COMPLETED

Rating: Course completed (date).....Course No:

Name of Training Organization:

Rating: Course completed (date).....Course No:

Name of Training Organization:

DECLARATION BY APPLICANT

I hereby declare that I have carefully considered the statements made and that to the best of my belief they are correct

Signature: Date:

SECTION 4) UNIT ENDORSEMENT EXAMINATION RESULTS

State the Unit Endorsement	Practical (Pass or Fail)	Oral (Pass or Fail)	Date
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
Examiner's Remarks: Practical: ----- ----- Oral: ----- ----- -----			
MEMBERS OF THE EXAMINATION BOARD (PRESENT)			
Surname -----		Forenames -----	
Examiner's Authorization No.	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	Signature: -----	
Surname -----		Forenames -----	
Examiner's Authorization No.	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	Signature: -----	
Surname -----		Forenames -----	
Examiner's Authorization No.	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	Signature: -----	
Actual Examination dates:			

SECTION 5) ENGLISH LANGUAGE PROFICIENCY ENDORSEMENT

This section is to be completed for the initial award of the English language Proficiency Endorsement
The ELP of the applicant has been assessed in accordance with Unit procedures
The applicant has been assessed against the ICAO language proficiency rating scale and has been assessed to have proficiency in the English Language at the following level (tick as appropriate)

- Level 6 (Expect Level)
- Level 5 (Extended Level)
- Level 4 (Operational Level)

The assessment was carried out on (date) -----

SECTION 6) CANCELLATION OF UNIT ENDORSEMENT (complete only if Unit Endorsement has expired or been withdrawn)

Rating endorsement operational position: (e.g. Aerodrome Control, Approach Control Surveillance)	Date expired/withdrawn
-----	-----
-----	-----
-----	-----

SECTION 7) DECLARATION BY TRAINING ORGANISATION/AERODROME AUTHORITY/ATC CENTRE AUTHORITY

I the undersigned, hereby certify (tick as appropriate) that:

- The details of the Air Traffic Control Training are correct and in accordance with the Unit Training Plan requirements
- The applicant is recommended for Unit endorsement (s)
- The applicant no longer holds the Unit Endorsement (s) stated in Section 6

Signature: ----- Date: -----

Surname: ----- Forenames: -----

Training Organisation/ATC Centre Authority: -----

Postal Address-----

SUBMISSION INSTRUCTION

The application form must be accompanied by a copy of ID, and a medical certificate.

When completed, return this form to ESWACAA Flight Safety Standards Directorate.

SECTION 8) ESWACAA ANS INSPECTOR

General Remarks: -----

APPROVED	
----------	--

NOT APPROVED	
--------------	--

ANS INSPECTOR:

SURNAME ----- FORENAMES -----

SIGNATURE:-----

DATE: -----