



**APPLICATION FOR
ISSUE, RE-ISSUE, RENEWAL, RATING, AUTHORISATION, VALIDATION OR ENDORSEMENT OF AIR TRAFFIC
CONTROLLER LICENCE**

I. PERSONAL DETAILS		
Name (Surname, last, other)		Title (Mr / Mrs/ Ms)
Date of birth (dd/mm/yyyy)	Place of birth	
Nationality		
Permanent mailing address		
Contact Tel. No.	Mobile Tel. No.	
E-mail address		
II. DETAILS OF EXISTING AIR TRAFFIC CONTROLLER LICENCE HELD (IF APPLICABLE)		
Licence number	Date issued (dd/mm/yyyy)	Date of Expiry (dd/mm/yyyy)
III. APPLICATION (tick as applicable)		
A. <input type="checkbox"/> Initial Issuance <input type="checkbox"/> Re-issue <input type="checkbox"/> Renewal <input type="checkbox"/> Added Rating <input type="checkbox"/> Authorisation <input type="checkbox"/> Validation <input type="checkbox"/> Endorsement		
B. Ratings (indicate rating,/Validation/Authorisations / Endorsements <input type="checkbox"/> Aerodrome Control <input type="checkbox"/> Approach Control Procedural <input type="checkbox"/> Approach Control Radar <input type="checkbox"/> Area Control procedural <input type="checkbox"/> Area control Radar <input type="checkbox"/> On-Job-Training Instructor <input type="checkbox"/> Training Instructor <input type="checkbox"/> English Language Proficiency		C. Station (indicate Station) <input type="checkbox"/> Entebbe, <input type="checkbox"/> Soroti, <input type="checkbox"/> Gulu <input type="checkbox"/> Other specify
IV. MEDICAL CERTIFICATE		
Date of most recent Medical Examination	Class	Limitations(If any)
V. ENGLISH LANGUAGE PROFICIENCY		
Date of ELP Assessment	ELP Level	ELP Expiry Date (If applicable)



VI. APPLICANT'S DECLARATION

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief. I have attached a copy of my valid Medical Certificate and enclosed the required photographic evidence of my identity.

Applicant's Signature Date.....

VII. DSSER COMMENTS

1. Application documentation is in order and the licence , rating, Authorisation , Validation or Endorsement may be issued (indicate) _____

Application is missing the following documentation and will be returned to the applicant.

Missing documentation _____

2. Name, Title and signature of the official who conducted the review

Name _____ Title _____

Signature _____ Date _____



GUIDANCE NOTES

All sections of the application must be completed by the applicant personally.

Details of where to send your application including the checklist for the required documentation can be found under "Submission instructions" at the end of this form.

In order for your application to be processed quickly, it is important that you complete the application form correctly and submit all required documentation

SUBMISSION INSTRUCTIONS

Please note that failure to submit all required documentation may result in the return of your application.

Send your completed application Form to:

CAA Headquarters, Licensing Documentation Centre Room 112

Please enclose the following:

1. Issue or Added Rating Endorsement

- 3 Passport size photographs (initial issue)
- Copy of valid Medical Certificate
- Completed English Language proficiency
- Copy of the Certificate for the Knowledge Test
- OJT Report as evidence for successful completion of the aeronautical experience and skill requirements as stipulated under Regulation 100 of the Civil Aviation (Personnel Licensing) Regulations

2. Renewal /Validation

- Copy of valid Medical Certificate
- Completed English Language proficiency
- Copy of two Log book entries for relevant rating (s) endorsed by the supervisor i.e. two watches within the 6 months prior to renewal of the Licence as evidence for exercising the privileges of the licence at a particular operational position and station