



**CIVIL AVIATION AUTHORITY  
AIR NAVIGATION SERVICE DIVISION  
4 WINCHESTER ROAD - KINGSTON 10 - JAMAICA**

## APPLICATION FOR AIR TRAFFIC CONTROLLER LICENCE/Additional Privileges

**INSTRUCTIONS:**

- 1) To be accompanied by evidence of name, age, nationality, medical fitness, applicable fees.
- 2) Print in ink or type.
- 3) Applicant must be 21 years of age or over
- 4) Two coloured passport size photographs taken from the same negative (not required for renewal)
- 5) Applicant must complete Parts A & B. Manager ATS or Designate must certify Parts C and D where applicable, showing proof of knowledge experience and skill.

<b>PART A – GENERAL INFORMATION</b>			
SURNAME	FULL GIVEN NAME(S) - NO INITIALS		
PERMANENT ADDRESS (NUMBER AND STREET)		APT.NO.	TELEPHONE NO (H) (M)
CITY/TOWN	PARISH	COUNTRY	MAILING ADDRESS (if different)
DATE OF BIRTH (dd/mm/yy)	PLACE OF BIRTH	CITIZEN OF	SEX <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF LAST MEDICAL dd/mm/yy	CLASS OF MEDICAL	MEDICAL LIMITATION(S)	
<p>HAVE YOU BEEN PREVIOUSLY ISSUED WITH AN AIR TRAFFIC CONTROLLER'S LICENCE?</p> <p><input type="checkbox"/> YES      If YES, state Licence No : TC.....</p> <p><input type="checkbox"/> NO</p>			
<p>DATE..... SIGNATURE OF APPLICANT .....</p>			

<b>PART B – APPLICATION AND DECLARATION</b>
<p>I hereby apply for the issue/reissue of an Air Traffic Controller's Licence/additional privileges with the following rating(s) and applicable location(s) validation. <i>(Tick applicable rating(s) and enter location code(s) eg. MKJP, MKJS, MKJK etc.)</i></p> <p>(1) <input type="checkbox"/> Aerodrome Control – (ADC)      at .....</p> <p>(2) <input type="checkbox"/> Approach Control – (APP-P)      at .....</p> <p>(3) <input type="checkbox"/> Approach Radar Control (APP-R)      at .....</p> <p>(4) <input type="checkbox"/> Approach Precision Radar Control (APP-PR) at .....</p> <p>(5) <input type="checkbox"/> Area Control (ACC-P)      at .....</p> <p>(6) <input type="checkbox"/> Area Control (ACC-R)      at .....</p> <p>I declare that the particulars given on this form are true to the best of my knowledge and belief and that since the date on which I was last medically examined as to my fitness to hold an Air Traffic Controller's Licence, I have not suffered from any defect, disability or disease.</p> <p>DATE..... SIGNATURE OF APPLICANT.....</p>



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**PART C – Validation Performance Report (Official Use Only)**

Rating Type ..... Location/Station.....

- 1) Practical Grade .....
- 2) Written Examination ..... %
- 3) Oral Examination ..... %
- 4) Experience ..... Hrs

Verified By:.....(Signature)

**PART D – CERTIFICATION (Official Use Only)**

I hereby certify the rating(s) specified in the table below is/are held and is/are valid at station(s)/location(s) named:

	Ratings Held	Valid	Valid	Valid

Certified By .....(Signature)

Name.....

Position.....

Date .....

**PART E (Official Use Only)**

CHECKED AND RECOMMENDED FOR ISSUE:

\_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED FOR THE DIRECTOR GENERAL, CIVL AVIATION:

\_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ INSPECTOR NO. \_\_\_\_\_ DATE \_\_\_\_\_