

Application Form

AIR TRAFFIC CONTROLLER LICENCE

- Notes:
- i) Read the form thoroughly and complete the appropriate sections only.
 - ii) Complete the form either electronically or by handwriting in BLOCK CAPITALS and tick boxes where indicated

SECTION 1) APPLICATION FOR:	
Issuance of ☐ ATC Licence, Rating, Rating Endorsement, Unit or Licence Endorsment ☐ Student ATC Licence <i>Note: Please complete Sections 1, 2, 3, 6, 7 and 8</i>	
Revalidation/Renewal / Cancellation ☐ ATC Licence, Unit Endorsement or Licence Endorsement ☐ Student ATC Licence <i>Note: Please complete Sections 1, 2, 5, 6, 7 and 8</i>	
☐ Grant or Revalidation/Renewal of English Language Proficiency Endorsement <i>Note: Please complete Sections 1, 2, 4, 7 and 8</i>	
☐ Change of Personal Details <i>Note: Please complete Sections 1, 2, 7 and 8</i>	

SECTION 2) PERSONAL DETAILS			
ATC Licence Number (if held): 		☐ Male ☐ Female	Title:
First name:		Last name:	
Date of birth (dd/mm/yyyy):		Citizenship:	
Place of birth:		Country of birth:	
Office address:			
Country:	City:	Postcode:	
Telephone numbers.	Home:	Office:	

SECTION 3) UNIT LICENCE ENDORSEMENT APPLIED FOR:			
Unit(s) /Sector(s)	Rating	Rating Endorsement	Description
	☐ ADV Aerodrome Control Visual		
	☐ ADC Aerodrome Control	☐ SUR	Aerodrome Control Surveillance (SUR)
	☐ APP Approach Control Procedural		
	☐ APS Approach Control Surveillance	☐ PAR	Precision Approach Radar
		☐ SRA	Surveillance Radar Approach
		☐ TCL	Terminal Control
	☐ ACP Area Control Procedural	☐ OCN	Oceanic Control
	☐ ACS Area Central Surveillance	☐ TCL	Terminal Control
		☐ OCN	Oceanic Control
	☐ OJTI On-the-job training instructor		

SECTION 3) UNIT LICENCE ENDORSEMENT APPLIED FOR:			
Unit(s) /Sector(s)	Rating	Rating Endorsement	Description
	☐ STDI Synthetic training device instructor		
	☐ Assessor		
FOR THE RATING(s) APPLIED FOR, PROVIDE DETAILS OF THE APPROVED COURSE COMPLETED Please attach relevant certificates regarding examination results for the rating(s) stated below.			
Rating:	Date completed:	Course number	
Name of training organization:			
Rating:	Date completed:	Course number	
Name of training organization:			
Rating:	Date completed:	Course number	
Name of training organization:			
Rating:	Date completed:	Course number	
Name of training organization:			

SECTION 4) ENGLISH LANGUAGE PROFICIENCY ENDORSEMENT	
This section is to be completed for the initial award or for the renewal of the English Language Proficiency Endorsement. Tick as appropriate.	
☐ INITIAL award of the English Language Proficiency Endorsement	
☐ REVALIDATION/RENEWAL of the English Language Proficiency Endorsement	
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 (<i>tick as appropriate</i>):	
☐ Level 6 (Expert Level)	
☐ Level 5 (Extended Level)	
☐ Level 4 (Operational Level)	
The assessment was carried out on (dd/mm/yyyy):	
Assessment conducted by an organization/institution:	
Name of organization/institution:	
Address:	Country:
Please attach relevant certificates regarding the applicant's English Proficiency Assessment.	

SECTION 5) CURRENT LICENCE				
Unit Endorsements/Ratings/ Rating Endorsement/ Licence Endorsements currently held (e.g. ADC/SUR; APP; APS ACP;ACS):	Expiry date:			
		☐ Revalidation	☐ Renewal	☐ Cancellation
		☐ Revalidation	☐ Renewal	☐ Cancellation
		☐ Revalidation	☐ Renewal	☐ Cancellation
		☐ Revalidation	☐ Renewal	☐ Cancellation
		☐ Revalidation	☐ Renewal	☐ Cancellation
		☐ Revalidation	☐ Renewal	☐ Cancellation

SECTION 6) UNIT TRAINING / ASSESSMENT OF COMPETENCE

Sector/Position/Rating/Endorsement	Date of assessment:	Assessor:	Signature

SECTION 7) DECLARATION

DECLARATION BY APPLICANT

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

Signature:

Date:

DECLARATION BY THE ATC UNIT:

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

- ☐ The applicant meets the relevant requirements of CAA Regulation 19/2017 as amended by 11/2024.
☐ The applicant has successfully completed the Unit Training Programme/ Unit Competence Scheme
☐ The applicant is recommended for Unit Endorsement(s).

Last name:

First name:

Position:

Date:

Signature:

Name of the ANSP:

Location Indicator:

Address:

City:

Country:

Post code:

Please attach relevant evidence supporting the statements made above.

SUBMISSION INSTRUCTIONS

☐ I confirm that relevant fees in accordance with CAA Regulation 02/2015, will be paid within the applicable timeframe.

When completed return this form and accompanying documents to:

Civil Aviation Authority of Kosovo
Zejnel Salihu st. 22.
10000 Prishtina, Republic of Kosovo
Telephone: +381 38 200 74278