

**TURKS AND CAICOS ISLANDS
CIVIL AVIATION AUTHORITY**
Air Traffic Controller's licence



for CAA use only		
Licence no.		
Issue date		
Checked	Date	Initials

Notes: (i) Complete the form in BLOCK CAPITALS unless otherwise indicated.

1 PERSONAL DETAILS	
Licence Number (if held)	
Surname	
Forename(s)	
Date Of Birth <i>(dd/mm/yy)</i>	Place of Birth
Nationality	
Home Address	
Telephone number	Cell Phone Number
E-mail	

2 APPLICATION FOR LICENCE ISSUE/RENEWAL	
<input checked="" type="checkbox"/>	<i>Please tick as appropriate</i>
<input type="checkbox"/>	Air Traffic Control licence ISSUE
<input type="checkbox"/>	Student Air Traffic Control licence ISSUE
<input type="checkbox"/>	Student Air Traffic Control licence RENEWAL

3 ISSUE OF RATING	
<i>Please state date(s) of approved course(s) attended</i>	
Course Number	
Name of Training Establishment	
Date of Course	from _____ to _____
Rating applied for	
Course Number	
Name of Training Establishment	
Date of Course	from _____ to _____
Rating applied for	

4 APPLICATION FOR A VALIDITY EXAMINATION	
I hold ATC Licence number..... (if held)	
I wish to be examined for validation of the following rating(s) aerodrome control / approach control* at (unit name) on(date). (* delete as applicable)	
The Examiner will complete this form at Section 5.	

5	VALIDATION EXAMINATION REPORT
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	Air Traffic Control Unit:
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	Date Of Examination:
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	Validity Examination (To be successful the candidate must pass all areas)
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	Rating:	Pass	Fail	(<input checked="" type="checkbox"/> as appropriate)
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	Practical examination:	<input type="checkbox"/>	<input type="checkbox"/>	
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	Notes			
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	Oral examination:	<input type="checkbox"/>	<input type="checkbox"/>	
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	Notes			
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	The candidate has passed/failed* the examination			
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	Rating:	Pass	Fail	(<input checked="" type="checkbox"/> as appropriate)
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	Practical examination:	<input type="checkbox"/>	<input type="checkbox"/>	
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	Notes			
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	Oral examination:	<input type="checkbox"/>	<input type="checkbox"/>	
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	Notes			
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	The candidate has passed/failed* the examination			
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	Signature of Authorised Examiner	Date
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	Examiner (PRINT NAME)	
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6	CONTINUATION OF COMPETENCE REPORT
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	Air Traffic Control Unit:
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	Date Of Examination:
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		Pass	Fail	(<input checked="" type="checkbox"/> as appropriate)
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	Rating:	<input type="checkbox"/>	<input type="checkbox"/>	
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	Notes			
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		Pass	Fail	(<input checked="" type="checkbox"/> as appropriate)
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	Rating:	<input type="checkbox"/>	<input type="checkbox"/>	
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	Notes			
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	I certify, on behalf of the Turks and Caicos Islands Civil Aviation Authority, that on the date(s) specified above the licence holder named in Section 1 of this form passed an appropriate test of their ability to exercise the privileges of the rating at the place specified above.			
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	Signature of Authorised Examiner	Date
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	Examiner (PRINT NAME)	
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7 CANCELLATION OF VALIDATION

Air Traffic Control Unit:

Rating Name:

Date Cancelled:

Rating Name:

Date Cancelled:

8 DECLARATION BY APPLICANT

Article 173 of the Air Navigation (Overseas Territories) Order 2013 provides that a person shall not make any false representation for procuring for himself or any other person, the grant, issue, renewal or re-certification of any certificate or licence.

I hereby declare that the statements made are to the best of my belief correct

Signature: _____ Date: _____

9 DECLARATION BY ATS UNIT MANAGER/TRAINING MANAGER

I, the undersigned, hereby certify:*
(i) the details of the ATC training & experience are correct in accordance with OTAR 65 and that the training has been satisfactorily completed
(ii) the applicant is recommended for validation
(iii) the applicant for a Student ATC licence is/about to be employed and/or engaged in training (operational OJT cannot start until student licence is issued)
(* delete as applicable)

Signature: _____ Print Name: _____

Position Held _____

Date: _____

ATC Unit Name _____

10 INSTRUCTIONS FOR COMPLETION OF FORM

Complete the following sections as appropriate;

Issue or renewal of student ATC licence	Sections 1, 2, 8 & 9
Issue of an ATC licence	Sections 1, 2, 3, 4, 5, 8 & 9
Issue of an additional rating	Sections 1, 3, 4, 5, 8 & 9
Application for validation	Sections 1, 4 & 5.
Application for continuation of competence	Sections 1, 6, 8 & 9
Cancellation of validation	Sections 1, 7 & 8
Change of personal details	Sections 1 & 8

11 SUBMISSION INSTRUCTIONS

The completed form should be sent to
Personnel Licensing (ATS)
Turks & Caicos Islands Civil Aviation Authority
Grand Turk
Turks And Caicos Islands BWI