



DEPUTY OF FLIGHT STANDARD  
PERSONNEL LICENSING EXAM & AVIATION MEDICINE DEP.  
APPLICATION FOR EXAMINATION  
AERODROME CONTROL SERVICE

|                                    |                       |                        |  |
|------------------------------------|-----------------------|------------------------|--|
| <b>Surname:</b>                    |                       | <b>First name:</b>     |  |
| <b>Nationality:</b>                | <b>Date of birth:</b> | <b>Place of birth:</b> |  |
| <b>National ID No:</b>             |                       | <b>Mobile number:</b>  |  |
| <b>The last graduation degree:</b> |                       |                        |  |
| <b>Address:</b>                    |                       |                        |  |

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| <b>Company / training centre introducing the applicant:</b>  |  |
| <b>Approved training course:</b>   |  |
| <b>Name of training centre:</b>  |  |
| <b>Date at which approved training course has been completed successfully:</b> <small>dd/mm/yy</small> |  |

|   |                                     |
|---|-------------------------------------|
| <b>LICENSE NO (if any):</b>   | <b>ATC simulator (hrs):</b>         |
| <b>Experience as an OJI under supervision of authorized Designee:</b> |                                     |
| <b>Medical fitness expiry date:</b>                                   | <b>Class of medical assessment:</b> |

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| <b>Date of the last time participating in the GENERAL (ATC) exam (if any):</b> <small>dd/mm/yy</small> |
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| <b>I certify that the statements made by me on this application are true. Date &amp; Signature</b><br><small>dd/mm/yy</small> |
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| <b>The statements made by the applicant are true.</b><br><b>Date:</b> <small>dd/mm/yy</small> <b>Title , Signature &amp; stamp of the official introducing the applicant</b> |
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| <b>Statement of registration division of PEL/TRG office:</b> | <input type="checkbox"/> <b>Approved</b> |
|  | <input type="checkbox"/> <b>Refused</b>  |
| <b>Surname &amp; name:</b>                                   | <b>Date &amp; Signature</b>              |

|                             |  |   |
|-----------------------------|--|---|
| <b>Date of exam:</b>        |  |   |
| <b>Result of written</b>    | <input type="checkbox"/> <b>Passed</b> | <input type="checkbox"/> <b>Failed</b>  |
| <b>Result of oral exam:</b> | <input type="checkbox"/> <b>Passed</b> | <input type="checkbox"/> <b>Failed:</b> |

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|---|--|
| <b>In charge of training &amp; operational examinations</b> | <b>GD of personnel licensing, exam &amp; aviation medicine</b> |
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