



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

APPROACH CONTROL SURVEILLANCE RATING

<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>			

<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>

<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> <small>dd/mm/yy</small>
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<b>The statements made by the applicant are true.</b> <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>

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