



DEPUTY OF FLIGHT STANDARD
PERSONNEL LICENSING EXAM & AVIATION MEDICINE DEP.
APPLICATION FOR EXAMINATION
APPROACH CONTROL PROCEDURAL RATING

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

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

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

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

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

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| In charge of training & operational examinations | GD of personnel licensing, exam & aviation medicine |
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