



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

AREA CONTROL SURVILLANCE RATING

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

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>

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

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>

The statements made by the applicant are true.
Date: <small>dd/mm/yy</small> Title , Signature & stamp of the official introducing the applicant

Statement of registration division of PEL/TRG office:	<input type="checkbox"/> Approved
	<input type="checkbox"/> Refused
Surname & name:	Date & Signature

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:

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