



**DEPUTY OF FLIGHT STANDARD
PERSONNEL LICENSING OFFICE
INSTRUCTORS/EXAMINERS APPLICATION FORM**

Personal data:

Name:												Surname:			Nationality:				
Date of birth:												Place of birth:							
The last graduation degree:												Experience:							
Specialized training course:												License No:							
Type of ICAO ratings					Position							Date of entry to ATC operational units (tower/area control centre):			MED.FIT.EXP. Date:				
	Aerodrome	Approach	Approach radar	Area control	Area radar	Active	Supervisor	Deputy of	OJT Instructor	ATC Examiner	Chief of ATC	Expert in	Location		From	To	Aviation E.L.P level:		
1																Remark			
2																			
3																			
4																			
5																			
6																			
7																			
8																			

Instructor's ability		First assessor	Second assessor
1	Intelligence	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
2	Industriousness	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
3	Motivation	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
4	Good health	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
5	Physique	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
6	Educational background	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
7	Discipline and ability to use authority	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
8	Sense of justice and fair-play	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
9	Ability to resist seeking popularity if it adversely affects his job	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
10	Ease and clarity of expression in speech and in writing	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
11	Honesty	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
12	Interaction	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>
13	Record in dealing with persons, friendly disposition and mixer with people	OK <input type="checkbox"/> U/S <input type="checkbox"/>	OK <input type="checkbox"/> U/S <input type="checkbox"/>

To be completed by company training centre

Hereby all related document of instructor / examiner applicant are attached.

Date:

Name, title & sign. of the official introducing the applicant.

First assessor:

Considering the degrees and certificates held by the applicant and taking into account his/her level of proficiency proved in the interview he/she is is not considered qualified as an ATC Instructor/Examiner.

Comment:

Name & Surname:

Date :

Sign :

Certificate No:

Second assessor:

Considering the degrees and certificates held by the applicant and taking into account his/her level of proficiency proved in the interview he/she is is not considered qualified as an ATC Instructor/Examiner.

Comment:

Name & Surname:

Date :

Sign :

Certificate No:

PEL/TRG Office:

Considering the degrees and certificates held by the applicant and taking into account his/her level of proficiency proved in the interview and regarding view points of assessors as well as CAO regulations, he/she is is not considered qualified as an ATC Instructor/Examiner.

Date:

Name & Surname;

Name & Surname:

General Director Of Personnel Licensing ,Exams & Aviation Medicine

Deputy Of Flight Standard