

AIR TRAFFIC CONTROLLER LICENCE

- Notes:**
- i) Read the form thoroughly and complete the appropriate sections only.
 - ii) Complete the form in BLOCK CAPITALS or tick boxes ☒ unless otherwise indicated.



SECTION 1) APPLICATION FOR <i>(Complete Sections Listed)</i>	
☐ Grant of an Air Traffic Controller Licence, Rating, Rating Endorsement, Unit Endorsement or English Language Proficiency Endorsement (Sections 1, 2, 3, 4, 5, 7 and 8) ☐ Air Traffic Controller Licence - expiry or withdrawal of a Unit Endorsement (Sections 1, 2, 6 and 7) ☐ Change of Personal Details (Sections 1, 2 and 7)	Transfer of Licence between Member States

SECTION 2) PERSONAL DETAILS	
ATC Licence Number (if held) 	☐ Male ☐ Female Title
Surname: Forename(s)	
Date of Birth (dd/mm/yyyy): Nationality	
Place of Birth: Country of Birth:	
Permanent Address:	
County: Country: Postcode:.....	
Postal Address:	
(normally unit address)	
County: Country: Postcode:.....	
Telephone Numbers: Home:	
(incl. area code) Office:	

SECTION 3) UNIT ENDORSEMENT APPLIED FOR:			
Location of examination:		Proposed date (dd/mm/yyyy):	
Note: This information MUST be included			
Unit Endorsement	Rating	Rating Endorsement	Description
☐	ADV Aerodrome Control Visual		
☐	ADI Aerodrome Control Instrument	☐ TWR ☐ AIR ☐ RAD ☐ GMC ☐ GMS	Tower Control Air Control Aerodrome Radar Ground Movement Control Ground Movement Surveillance
☐	APP Approach Control Procedural		
*Sector/Position(s) (if appropriate)	☐ APS Approach Control Surveillance	☐ SRA ☐ PAR ☐ TCL	Surveillance Radar Approach Precision Approach Radar Terminal Control

SECTION 3) UNIT ENDORSEMENT APPLIED FOR:	
ACP Area Control Procedure	OCN Oceanic
*Sector/Position(s) (if appropriate)	
ACS Area Control Surveillance	TCL Terminal Control
.....	
.....	
.....	
FOR THE RATING APPLIED FOR, PROVIDE DETAILS OF THE APPROVED COURSE COMPLETED	
Rating:	Approved Course completed (dd/mm/yyyy): Course number:
Name of training organisation:	
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Name of training organisation:	
Rating:	Approved Course completed (dd/mm/yyyy): Course number:
Name of training organisation:	

SECTION 4) UNIT ENDORSEMENT ASSESSMENT RESULTS (enter results after Assessment is complete)				
Actual examination date (dd/mm/yyyy):				
State the Unit Endorsement (from the table above)	Practical		Oral	
.....	☐ PASS	☐ FAIL	☐ PASS	☐ FAIL
.....	☐ PASS	☐ FAIL	☐ PASS	☐ FAIL
.....	☐ PASS	☐ FAIL	☐ PASS	☐ FAIL
.....	☐ PASS	☐ FAIL	☐ PASS	☐ FAIL
Examination remarks (Where the outcome is 'FAIL', Assessors are to record reasons for the decision) Practical:				
Oral:				

MEMBERS OF THE EXAMINATION BOARD (including supernumerary Assessors if present)												
Surname	Forename(s)											
Assessor Licence number: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Chair ☐	Supernumerary ☐	Signature:	
Surname	Forename(s)											
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Where an examination was not completed on the dates planned, please tick the appropriate box and return to PLD at the address on page 4.												
Unit Endorsement Exam postponed – alternative date to be arranged with SRG Regional Office and new form SRG 1411 to be submitted. ☐												
Unit Endorsement Exam cancelled – no alternative date will be arranged. ☐												
Signed												