

Application for the inclusion of Unit Endorsements for new Ratings, existing Ratings including Special Events and for the Renewal and Cancellation of Unit Endorsements in an Air Traffic Controller (ATCO) Licence (Commission Regulation (EU) 2015/340).



Please complete this form online (preferred method) then print and sign the form.

Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.

Post or scan and email the form in accordance with Section 10.

Please read the attached guidance notes before completing the form .

FALSE REPRESENTATION STATEMENT

It is an offence under Article 256 of the Air Navigation Order 2016 to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine up to £5000, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICATION FOR (Complete Sections Listed)

- Unit Endorsement for a New Rating/Rating Endorsement (2, 3, 4, 5, 7, 8 and 9)
- Unit Endorsement for an Existing Rating/Rating Endorsement (2, 3, 4, 7, 8 and 9)
- Unit Endorsement to Renew an Expired Unit Endorsement (2, 3, 4, 7, 8 and 9)
- Unit Endorsement for a Special Event (Temporary) (2, 3, 4, 7, 8 and 9)
- The Cancellation of a Unit Endorsement (2, 6, 7, 8 and 9)

2. PERSONAL DETAILS (Complete as shown on passport)

(Completed by the Applicant)

Serial Number of Licence

Title: Surname: Forename(s)

Date of Birth (dd/mm/yyyy): Nationality

Place of Birth: Country of Birth:

Applicants Address:

County: Country: Postcode:.....

Telephone Numbers: Home: Mobile:

Email Address:

Unit Address:

ICAO Location Indicator:

County: Country: Postcode:.....

3. NOTIFICATION OF UNIT ENDORSEMENT ASSESSMENT

(Completed by the Applicant)

Location of assessment: Proposed date (dd/mm/yyyy):

4. RATING/ENDORSEMENT TO BE ASSESSED

(Completed by the Applicant)

Unit Endorsement Sector/Position(s) (if appropriate):

Rating	Rating Endorsement	Description
ADV Aerodrome Control Visual		
ADI Aerodrome Control Instrument	TWR	Tower Control
	AIR	Air Control
	RAD	Aerodrome Radar
	GMC	Ground Movement Control
	GMS	Ground Movement Surveillance
APP Approach Control Procedural		
APS Approach Control Surveillance	SRA	Surveillance Radar Approach
	PAR	Precision Approach Radar
	TCL	Terminal Control

4. RATING/ENDORSEMENT TO BE ASSESSED (CONTINUED):		
Unit Endorsement Sector/Position(s) (if appropriate):		
Rating	Rating Endorsement	Description
ACP Area Control Procedure	OCN	Oceanic
ACS Area Control Surveillance	TCL	Terminal Control
	OCN	Oceanic

5. DETAILS OF THE APPLICABLE RATING TRAINING COURSES (to be completed only when the unit endorsement is for a new rating)		
Rating: Approved Course completed (dd/mm/yyyy): Course number:		
Name of training organisation:		

6. CANCELLATION OF UNIT ENDORSEMENT	(Completed by the Applicant)
Rating/Rating Endorsement/Sector/Operational Position (e.g. ADI/TWR/RAD/GMS/EGXX Tower)	
.....	
.....	

7. DECLARATION BY UNIT	(Completed by the Unit Manager)
I, the undersigned, hereby certify that:	
The applicant meets the relevant requirements of Commission Regulation (EU) 2015/340.	
The applicant is recommended for a Unit Endorsement Assessment.	
Date (dd/mm/yyyy):	Signature:
Surname:	Forenames:
Post held:	
Unit:	

8. FINANCIAL DECLARATION	(MUST BE COMPLETED BY APPLICANT EVEN IF PAYMENT IS MADE BY A THIRD PARTY)
I am applying for the inclusion of Unit Endorsements for new Ratings, existing Ratings including Special Events or for the Renewal or Cancellation of Unit Endorsements.	
I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.	
I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).	
I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.	
Name of Applicant (as shown in 2):	
Signature of Applicant (named in 2):	
Date:	

9. PAYMENT BY A THIRD PARTY
If payment for this application is not being made by the applicant, this form must be countersigned by the payee.
I, (name) authorise the Civil Aviation Authority to use the details given on the attached payment authorisation (FCS1500) in support of this application.
Signature of Payer: Date:
Address:
Contact Telephone Number: