

Notification and Record of Revalidation of an ATCO Unit Endorsement (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 5.

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. PERSONAL DETAILS

Serial Number of Licence: Medical Certificate expiry date:

Title: Forename: Surname:

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

Place of birth: Country of birth:

Applicants Address:

County: Country Postcode:

Telephone: Mobile telephone:

E-mail:

Unit Address:

ICAO Location Indicator

County: Country Postcode:

2. REVALIDATION ASSESSMENT(S) OF THE FOLLOWING UNIT ENDORSEMENTS HAVE BEEN COMPLETED (Completed by the assessor)

Sector/Position/Rating/Endorsement	Date of revalidation assessment (dd/mm/yyyy)	Endorsement expiry date entered on the licence. (dd/mm/yyyy)	Assessor Name (Print)
.....			
.....			
.....			
.....			
.....			

Assessment remarks (Where the outcome of the assessment is 'FAIL', the assessor is to record reasons for the decision):

Practical:

Oral:

3. DECLARATION BY ASSESSOR(S) (Completed by the assessor(s))

By completing and signing this form the signatories below confirm that the licence holder identified above satisfies all the requirements for the revalidation of unit endorsement(s) as required by Commission Regulation (EU) 2015/340.ATCO.B.020.

Assessor

Surname

Forename(s)

Licence Serial number

Signature

Assessor

Surname

Forename(s)

Licence Serial number

Signature



4. DECLARATION BY THE APPLICANT

I hereby declare that I have carefully considered these statements made and that to the best of my belief they are correct.

Signature: Date:

5. SUBMISSION INSTRUCTIONS

After completion this form should be retained by the unit and a copy should be sent to: ATS Licensing, Licensing Assessment, Safety and Airspace Regulation Group, Civil Aviation Authority, Aviation House, Gatwick Airport South, West Sussex, RH6 0YR. If preferred, you may scan and email the completed form to the email address below. If you have any questions or wish to enquire about your application please e-mail ats.licensing@caa.co.uk.