

Post or scan and email in accordance with Section 8.

FALSE REPRESENTATION STATEMENT

1. PERSONAL DETAILS (Complete as shown on passport) (Completed by the Applicant)

2. NOTIFICATION OF UNIT ENDORSEMENT ASSESSMENT (Completed by the Applicant)

3. 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: AIR: RAD: GMC: GMS:	Tower Control Air Control Aerodrome Radar Ground Movement Control Ground Movement Surveillance

3. RATING/ENDORSEMENT TO BE ASSESSED (CONTINUED)		(Completed by the Applicant)
APP Approach Control Procedural:		
APS Approach Control Surveillance:	SRA: PAR: TCL:	Surveillance Radar Approach Precision Approach Radar Terminal Control
ACP Area Control Procedure:	OCN:	Oceanic
ACS Area Control Surveillance:	TCL: OCN:	Terminal Control Oceanic

4. DETAILS OF APPLICABLE RATING TRAINING COURSE	(Completed by the Applicant)
Rating: Approved Course completed (dd/mm/yyyy): Course number: Name of training organisation:	

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

6. FINANCIAL DECLARATION (MUST BE COMPLETED BY APPLICANT EVEN IF PAYMENT IS MADE BY A THIRD PARTY)
I am applying for the initial issue of an Air Traffic Controller (ATCO) Licence. 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 1): Signature of Applicant (named in 1): Date:

7. 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: