

Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink. Post or scan and email in accordance with Section 5.

Please read attached Guidance Notes before completing this form.

FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order 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. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

1. PERSONAL DETAILS

Serial Number of Licence:

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Title: Surname: Forename(s):

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

Place of Birth: Country of Birth:

Applicants Address:

County: Postcode: Country:

Telephone Numbers: Home: Mobile:

Email Address:

Unit Name:

Unit Address:

County: Postcode: Country:

ICAO Location Indicator:

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The licence will be sent to the unit by default unless specified otherwise by the unit or individual with an explanation to: ats.licensing@caa.co.uk.

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)
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.....			
.....			
.....			

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:

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Signature:

Assessor

Surname: Forename(s):

Licence Serial Number:

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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:

Civil Aviation Authority
Aviation House
Beehive Ring Road
Crawley
West Sussex
RH6 0YR

or email to: ats.licensing@caa.co.uk

Telephone Enquiries: +44 (0)330 022 1972