CCAA 017
Air Traffic Controller Licence Application
(RENEWAL/ LICENCE/ VALIDATION)

APPLICANT INFORMATION

Name: ……..

Address: …… Employed by: ……..
Since: …….

Date of birth: …… Place of birth: …….
Nat.: ……

Height: ……. Weight: …….. Hair: ……
Sex: ……

License/ Hold: ……. No.: ……..... Valid Until: ……..
Country: ……

Med. Cert. Class: …… Date issued: …… Med.
Exam: ……

Ratings: ……
…….

RECORD OF OPERATING TIME LAST SIX MONTHS

Rating	Actual	Training	Location
Aerodrome control			
Approach control			
Area control			

APPLICANT CERTIFICATION

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE.

Signature of applicant: ……....

Date: …….

INTENTIONALLY LEFT BLANK.