



**APPLICATION FOR  
ISSUE, RE-ISSUE, RENEWAL, RATING, AUTHORISATION, VALIDATION OR ENDORSEMENT OF AIR TRAFFIC  
CONTROLLER LICENCE**

<b>I. PERSONAL DETAILS</b>		
Name (Surname, last, other)		Title (Mr / Mrs/ Ms)
Date of birth (dd/mm/yyyy)	Place of birth	
Nationality		
Permanent mailing address		
Contact Tel. No.	Mobile Tel. No.	
E-mail address		
<b>II. DETAILS OF EXISTING AIR TRAFFIC CONTROLLER LICENCE HELD (IF APPLICABLE)</b>		
Licence number	Date issued (dd/mm/yyyy)	Date of Expiry (dd/mm/yyyy)
<b>III. APPLICATION (tick as applicable)</b>		
A. <input type="checkbox"/> <input type="checkbox"/> Initial Issuance <input type="checkbox"/> <input type="checkbox"/> Re-issue <input type="checkbox"/> <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> Added Rating <input type="checkbox"/> <input type="checkbox"/> Authorisation <input type="checkbox"/> <input type="checkbox"/> Validation <input type="checkbox"/> <input type="checkbox"/> Endorsement		
B. Ratings (indicate rating./Validation/Authorisations / Endorsements) <input type="checkbox"/> <input type="checkbox"/> Aerodrome Control <input type="checkbox"/> <input type="checkbox"/> Approach Control Procedural <input type="checkbox"/> <input type="checkbox"/> Approach Control Radar <input type="checkbox"/> <input type="checkbox"/> Area Control procedural <input type="checkbox"/> <input type="checkbox"/> Area control Radar <input type="checkbox"/> <input type="checkbox"/> On-Job-Training Instructor <input type="checkbox"/> <input type="checkbox"/> Training Instructor <input type="checkbox"/> <input type="checkbox"/> English Language Proficiency		C. Station (indicate Station) <input type="checkbox"/> <input type="checkbox"/> Entebbe, <input type="checkbox"/> <input type="checkbox"/> Soroti, <input type="checkbox"/> <input type="checkbox"/> Gulu <input type="checkbox"/> <input type="checkbox"/> Other specify
<b>IV. MEDICAL CERTIFICATE</b>		
Date of most recent Medical Examination	Class	Limitations(If any)
<b>V. ENGLISH LANGUAGE PROFICIENCY</b>		
Date of ELP Assessment	ELP Level	ELP Expiry Date (If applicable)



**VI. APPLICANT'S DECLARATION**

I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief. I have attached a copy of my valid Medical Certificate and enclosed the required photographic evidence of my identity.

Applicant's Signature ..... Date.....

**VII. DSSER COMMENTS**

1.  Application documentation is in order and the licence , rating, Authorisation , Validation or Endorsement may be issued (indicate) \_\_\_\_\_

Application is missing the following documentation and will be returned to the applicant.  
Missing documentation \_\_\_\_\_  
\_\_\_\_\_

2. Name, Title and signature of the official who conducted the review

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

