



CIVIL AVIATION AUTHORITY OF MALAYSIA
(Pihak Berkuasa Penerbangan Awam Malaysia)

APPLICATION FOR AIR TRAFFIC CONTROLLER LICENCE
Permohonan Lesen Pengawal Trafik Udara

1. PERSONAL PARTICULARS OF APPLICANT *(Maklumat Diri Pemohon):*

| | | |
|---|-----------------------------------|--|
| Name <i>(Nama)</i> | <i>(as per MyKad / MyTentera)</i> | Photo <i>(Gambar)</i> |
| I/C No. <i>(No. K/P.)</i> | <i>(MyKad / MyTentera)</i> | To submit one (1) copy of latest colour photo (I/C size) with office attire. |
| Age <i>(Umur)</i> | | |
| Date of Birth <i>(Tarikh Lahir)</i> | | (Do not paste it onto this form) |
| Place of Birth <i>(Tempat Lahir)</i> | | |
| Permanent Address <i>(Alamat Tetap)</i> | | |
| Office Address <i>(Alamat Pejabat)</i> | | |
| eMail <i>(eMel)</i> | | Mobile No.: <i>(No. Tel Bimbit)</i> |

(Please ensure that a Certified True Copy of IC (MyKad / MyTentera) is attached)

2. MEDICAL ASSESSMENT INFORMATION *(Maklumat Pemeriksaan Perubatan):*

| | |
|--|--|
| Date of Assessment <i>(Tarikh Pemeriksaan)</i> | |
| Name of Medical Examiner <i>(Nama M.E.)</i> | |
| Sickness (if any) <i>(Penyakit: jika ada)</i> | |

(Original copy or a Certified True Copy of Class 3 Medical Certificate is attached)

3. APPOINTMENT / DESIGNATION *(Lantikan / Perjawatan):*

| | |
|--|--|
| Date of First Appointment Into The Service <i>(Tarikh Lantikan Pertama Dalam Perkhidmatan)</i> | |
| Present Grade / Position <i>(Gred / Pangkat Sekarang)</i> | |
| Date of Appointment / Promotion to Present Post <i>(Tarikh Lantikan / Kenaikan Pangkat Sekarang)</i> | |
| Confirmation Date of Present Post <i>(Tarikh Disahkan Dalam Jawatan Sekarang)</i> | |

4. AIR TRAFFIC CONTROL (ATC) COURSES ORGANISED BY APPROVED TRAINING ORGANISATION (ATO)

(Kursus Kawalan Trafik Udara Yang Diluluskan):

| COURSE <i>(Kursus)</i> | DATE / DURATION <i>(Tarikh / Tempoh)</i> | NAME OF ATO <i>(Nama ATO)</i> | TRAINING VENUE <i>(Tempat Latihan)</i> |
|----------------------------------|--|---|--|
| Primary ATC | | | |
| Aerodrome Control | | | |
| Approach Control Procedural | | | |
| Area Control Procedural | | | |
| Area Control Surveillance | | | |
| Approach Control Surveillance | | | |

(Please ensure that Certified True Copy of the above course's certificate(s) is attached)

5. RATING QUALIFIED *(Kelayakan Rating):*

| RATING <i>(Rating)</i> | DATE / DURATION OF TRAINING <i>(Tarikh / Tempoh Latihan)</i> | OJT CENTRE <i>(Pusat Latihan)</i> | ATC EXAMINERS <i>(Pegawai Pemeriksa ATC)</i> |
|----------------------------------|--|---|--|
| Aerodrome Control | | | |
| Approach Control Procedural | | | |
| Area Control Procedural | | | |
| Area Control Surveillance | | | |
| Approach Control Surveillance | | | |

(Please ensure that Forms CAAM/AND/EXM 01 and CAAM/AND/EXM 02 are attached)

6. DECLARATION *(Perakuan):*

I hereby certify that all particulars given on this form are correct. I have also checked that all the required documents are attached. I shall notify AND if I do not receive return of my submitted document after 14 working days of submission.

Date:

Signature of Applicant:

7. CONFIRMATION BY THE HEAD OF UNIT / DIVISION / SERVICE*(Pengesahan Ketua Unit / Bahagian / Perkhidmatan):*I **support / do not support** this application.Comments *(If any)*: _____

Date :

Signature :

Name :

Position :

8. FOR ENTRY BY AIR NAVIGATION SERVICES STANDARDS DIVISION ONLY*(Untuk Kegunaan Bahagian Piawaian Perkhidmatan Pemandu Udara Sahaja):***8.1. Verification of Information and Documents**a) Application is certified complete and proper. Application incomplete (Specify): _____b) **ICAO Language Proficiency Requirements (LPR) Achievement:**

| Date of ICAO LPRT | ICAO LPR Level | ICAO LPR Valid Until |
|-------------------|----------------|----------------------|
| | | |

c) **Class 3 Medical Assessment:**

| Date of Class 3 Medical Assessment | Date of Expiry |
|------------------------------------|----------------|
| | |

d) **ATC Licence No.:** **CAAM/ATC/L** _____

| Date of Issue | Effective Date | Date of Expiry |
|---------------|----------------|----------------|
| | | |

e) **Certification by ATC Personnel Licensing Officer:**

Name :

Position :

8.2. Air Traffic Controller Licence Approval by Director of AND:Application **meets / does not meet** requisite criteria for the issuance of an Air Traffic Controller Licence.Remarks *(if any)*: _____

Date:

Signature:

Name :

8.3. Database Update:

Database has been updated on

Signature:

Name :