



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 (<i>Maklumat Diri Pemohon</i>):			
Name (Nama)	(as per MyKad / MyTentera)		Photo (Gambar) To submit one (1) copy of latest colour photo (I/C size) with office attire. (Do not paste it onto this form)
I/C No. (No. K/P)	(MyKad / MyTentera)		
Age (Umur)			
Date of Birth (Tarikh Lahir)			
Place of Birth (Tempat Lahir)			
Permanent Address (Alamat Tetap)			
Office Address (Alamat Pejabat)			
E-mail (E-mel)		Mobile No. (Telefon Bimbit)	
(Please ensure that a Certified True Copy of IC (MyKad / MyTentera) is attached)			
2. MEDICAL ASSESSMENT INFORMATION (<i>Maklumat Pemeriksaan Perubatan</i>):			
Date of Assessment (Tarikh Pemeriksaan)			
Name of Medical Examiner (Nama M.E.)			
Sickness (if any) (Penyakit: jika ada)			
(Original copy or a Certified True Copy of Class 3 Medical Certificate is attached)			
3. APPOINTMENT / DESIGNATION (<i>Lantikan / Perjawatan</i>):			
Date of First Appointment into The Service (Tarikh Lantikan Pertama Dalam Perkhidmatan)			
Present Grade / Position (Gred / Pangkat Sekarang)			
Date of Appointment / Promotion to Present Post (Tarikh Lantikan / Kenaikan Pangkat Sekarang)			
Confirmation Date of Present Post (Tarikh Disahkan Dalam Jawatan Sekarang)			

4. AIR TRAFFIC CONTROL (ATC) COURSES ORGANISED BY APPROVED TRAINING ORGANISATION (ATO) <i>(Kursus Kawalan Trafik Udara Yang Diluluskan):</i>			
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 rocedural			
Area Control Surveillance			
Approach Control Surveillance			
<i>(Please ensure that Certified True Copy of the above course's certificate(s) is attached)</i>			
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			
<i>(Please ensure that Forms CAAM/ANS/EXM 01 and CAAM/ANS/EXM 02 are attached)</i>			
6. DECLARATION (Perakuan):			
<p>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.</p> <p>Date: _____ Signature of Applicant: _____</p>			

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 Peralimanan 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 ICAO LPRT	ICAO LPR Level	ICAO LPR Valid Until

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

Name:

Position:

8.2. Air Traffic Controller Licence

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: