

	CIVIL AVIATION AUTHORITY OF MALAYSIA AIR NAVIGATION SERVICES AND AERODROME DIVISION		CAAM/BPUA/EXM/02
	AIR TRAFFIC CONTROL EXAMINATION REPORT		

SECTION A: CANDIDATE DETAIL

Name:			
ID / IC No.:		Licence No.:	ATC/L
Station:			

SECTION B: EXAMINATION DETAIL

Training Period	From:	To:
Position		
Examination Type (Note: Cross out as appropriate)	Rating / Validation / Proficiency / Competency / Familiarisation	
Examination Date		

SECTION C: EXAMINATION ASSESSMENT

THEORY	SET		PRACTICAL*	PASS	ORAL*	PASS
	MARKS %			FAIL		FAIL

(*Note: Cross out as appropriate)

COMMENTS:

RECOMMENDATIONS:

ATC EXAMINER
Signature: Name: Date: