



**CIVIL AVIATION AUTHORITY OF MALAYSIA  
AIR NAVIGATION SERVICES AND  
AERODROME DIVISION**  
**APPLICATION FOR AIR TRAFFIC  
CONTROLLER LICENCE**

CAAM/BPUA/LIC/01

**1. PERSONAL PARTICULARS OF APPLICANT**

|                   |            |  |
|-------------------|------------|--|
| Name              |            |  |
| I/C No.           |            |  |
| Age               |            |  |
| Date of Birth     |            |  |
| Place of Birth    |            |  |
| Permanent Address |            |  |
| Office Address    |            |  |
| E-mail Address    | Mobile No. |  |

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

**2. MEDICAL ASSESSMENT INFORMATION**

|                          |  |
|--------------------------|--|
| Date of Assessment       |  |
| Name of Medical Examiner |  |
| Sickness (if any)        |  |

*(Please attach original copy or a Certified True Copy of Class 3 Medical Certificate)*

**3. APPOINTMENT / DESIGNATION**

|   |  |
|---|--|
| Date of First Appointment into The Service      |  |
| Present Grade / Position                        |  |
| Date of Appointment / Promotion to Present Post |  |
| Confirmation Date of Present Post               |  |



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

| COURSE                           | DATE / DURATION | NAME OF ATO | TRAINING VENUE |
|----------------------------------|-----------------|-------------|----------------|
| Primary ATC                      |                 |             |                |
| Aerodrome Control                |                 |             |                |
| Approach Control<br>Procedural   |                 |             |                |
| Area Control<br>Procedural       |                 |             |                |
| Area Control<br>Surveillance     |                 |             |                |
| Approach Control<br>Surveillance |                 |             |                |

*(Please attached a certified true copy of the above course's certificate(s))*

**5. RATING QUALIFIED**

| RATING                           | DATE / DURATION<br>OF TRAINING | RATING TRAINING<br>ORGANISATION | NAME(S) OF ATC<br>EXAMINER(S) |
|----------------------------------|--------------------------------|---------------------------------|-------------------------------|
| Aerodrome Control                |                                |                                 |                               |
| Approach Control<br>Procedural   |                                |                                 |                               |
| Area Control<br>Procedural       |                                |                                 |                               |
| Area Control<br>Surveillance     |                                |                                 |                               |
| Approach Control<br>Surveillance |                                |                                 |                               |

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

**6. DECLARATION:**

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 ANSA if I do not receive return of my submitted document after 14 working days of submission.

Signature of Applicant:

Date:



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**7. CONFIRMATION BY THE HEAD OF UNIT / DIVISION / SERVICE**

This application is **supported / not supported**.

(Please strike through whichever is not applicable)

Comments

(If applicable):

Signature:

Name:

Position: Date:

**8. FOR ENTRY BY AIR NAVIGATION SERVICES STANDARDS AND AERODROME DIVISION  
ONLY**

**8.1. Verification of Information and Documents**

a)  Application is verified and found to be complete and in order.  
 Application incomplete (Specify):

b) **ICAO English Language Proficiency (ELP) Assessment:**

| Date of ICAO LPR Assessment | ICAO LPR Level | ICAO LPR Expiry |
|-----------------------------|----------------|-----------------|
|                             |                |                 |

c) **Class 3 Medical Assessment:**

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

d) **ATC Licence Detail:**

| Date of Licence Issuance | Licence Expiry | ATC Licence Number |
|--------------------------|----------------|--------------------|
|                          |                | ATC/L              |

e) **Verification by Personnel Licensing Officer:**

Name:  
Position: Date:

**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):

Signature: Date:

Name:

**8.3. Database Update:**

Database has been updated on:

Signature:

Name:



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**APPLICATION OF AIR TRAFFIC CONTROLLER LICENCE:  
EXPLANATION NOTES AND CHECKLIST**

This Form CAAM/BPUA/LIC 01 is used for the Applications for an Air Traffic Controller Licence as follows:

| No | Checklist  | Please ✓ |
|----|--|----------|
| 1  | Cover letter from Head of ATS Provider.  |          |
| 2  | Completed form of CAAM/BPUA/LIC 01.  |          |
| 3  | Three (3) copies of recent coloured passport-sized photograph with white background                                      |          |
| 4  | Forms CAAM/BPUA/EXM01 and CAAM/BPUA/EXM02.   |          |
| 5  | Certified true copy of identity card (IC).   |          |
| 6  | Certified true copies of basic induction / primary air traffic control course and relevant ATC examination certificates. |          |
| 7  | Current Class 3 Medical Certificate.   |          |
| 8  | A copy of receipt for application fee (not applicable for CAAM's applicant).   |          |

*Note. – ELP certificate will be issued by the CAAM together with the issuance of the licence.*