

Applicant's Specimen Signature



CIVIL AVIATION SAFETY AUTHORITY  
OF PAPUA NEW GUINEA

**Application for Endorsement of Additional Air Traffic Service Rating(s) Under CAR Part 65**

**1. PERSONAL DETAILS**

<b>PNG Client Number</b> <i>(if known)</i>		<b>Date of Birth</b> <i>(dd/mm/yy)</i>			
<b>Title</b> <i>(Mr/Mrs/Ms/Miss)</i>	<b>Surname</b>	<b>Given Name(s)</b>			
<b>Country of Birth</b>			<b>Nationality</b>		
<b>Address for Service</b> – Civil Aviation Act, 2000, Sect 48, requires applicants to provide an address in Papua New Guinea (i.e; a physical address) and to promptly notify the Director of any changes.					
<b>Postal Address</b> – <i>(if different from physical address)</i>					
<b>Tel (office)</b>		<b>Tel (Home)</b>		<b>Mobile</b>	
<b>Facsimile</b>		<b>Email Address</b>			

**2. RATING APPLIED FOR (Tick Appropriate Box)**

Please tick the rating(s) endorsement applied for.  Submit your licence with the application	<b>Air Traffic Control Ratings</b>		<b>Aeronautical Station Operator Ratings</b>	
	Aerodrome Control Rating	<input type="checkbox"/>	Aerodrome Flight Information Service Rating	<input type="checkbox"/>
	Approach Control Procedural Rating	<input type="checkbox"/>	Area Flight Information Rating	<input type="checkbox"/>
	Approach Control Surveillance Rating	<input type="checkbox"/>	Oceanic Air-Ground Rating	<input type="checkbox"/>
	Area Control Procedural Rating	<input type="checkbox"/>	<b>ATS Instructor Ratings</b>	
	Area Control Surveillance Rating	<input type="checkbox"/>	ATS Instructor (Check)	<input type="checkbox"/>
	Area Control ADS Rating	<input type="checkbox"/>	ATS Instructor (Classroom)	<input type="checkbox"/>
			ATS Instructor (OJT)	<input type="checkbox"/>

**3. PHOTOCOPIES OF THE FOLLOWING DOCUMENTS MUST BE ENCLOSED WITH THIS APPLICATION FORM**

Enclose photocopies of the following items and tick the box.  ATS licence to be enclosed.	Satisfactory completed the appropriate ATS training course (certificate and course report)	<input type="checkbox"/>
	Competency Test Report <i>(written rating examination and proficiency assessment by the AATSE)</i>	<input type="checkbox"/>
	Satisfactory completed field experience (OJT) of the appropriate ATS rating	<input type="checkbox"/>
	Current Medical Certificate (Part 67)	<input type="checkbox"/>
	Satisfactory completed an Instructional Training Course (ATS Instructor Rating only)	<input type="checkbox"/>

**4. FEES**

ATC Rating – K300 ASO Rating – K300 ATS Instructor Rating – K300 Fee to accompany application form	<b>Rating</b>			<b>Total Received</b>
	<b>ATC</b>	<b>ASO</b>	<b>Instructor</b>	
	K.....	K.....	K.....	K.....

**5. DECLARATION**

<p><i>The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under section 304 of the Civil Aviation Act 2000 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding K25,000.</i></p>	<p>I declare that the enclosed copies of my personal documents are authentic and that the information shown on them is true and correct.</p> <p>I declare that to the best of my knowledge and belief the statements made and the information supplied in the questionnaire on fit and proper persons assessment and the attachments are complete and correct.</p> <p><b>Consent to Disclosure and Collection</b></p> <p>I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of the following information about me, my knowledge and compliance with transport safety regulatory requirements; my physical or mental health or serious behavioural problems; any criminal investigations, charges or convictions, including any matters relating to any transport safety offence.</p> <p>I authorise the Director to use, and disclose the information obtained about me for any purpose associated with the lawful functions of the Director and the Civil Aviation Safety Authority under the Civil Aviation Act 2000 (as amended), or other such purpose permitted by law.</p>		
	Signature		Date

**Post or deliver this form to:  
Civil Aviation Safety Authority, P.O. Box 1941, Boroko, NCD, Papua New Guinea**

**OFFICE USE ONLY**

Client No.	Date	Fees	Receipt No.	Receipt Date	Remarks