

Applicant's Specimen Signature



CIVIL AVIATION SAFETY AUTHORITY
OF PAPUA NEW GUINEA

Application for Issue of Air Traffic Service Licence and/or Initial Rating Under CAR Part 65

Use a separate form for each licence

1. PERSONAL DETAILS

PNG Client Number <i>(if known)</i>		Date of Birth <i>(dd/mm/yy)</i>			
Title <i>(Mr/Mrs/Ms/Miss)</i>	Surname	Given Name(s)			
Country of Birth			Nationality		
Address for Service – 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.					
Postal Address – <i>(if different from physical address)</i>					
Tel (office)		Tel (Home)		Mobile	
Facsimile		Email Address			

2. LICENCE APPLIED FOR (Mark Appropriate Box)

<i>Please tick the appropriate box</i>	Air Traffic Controller Licence (ATCL) <input type="checkbox"/>	Aeronautical Station Operation Licence (ASOL) <input type="checkbox"/>
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3. RATING APPLIED FOR (Mark Appropriate Box)

<i>Please tick the appropriate box</i>	Air Traffic Control Ratings		Aeronautical Station Operator Ratings	
	Aerodrome Control Rating	<input type="checkbox"/>	Aerodrome Flight Information 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"/>	ATS Instructor Ratings	
	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 (O-J-T)	<input type="checkbox"/>

4. PHOTOCOPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM

<i>Enclose photocopies of the following documents and tick the appropriate box</i>	For Licence Issue and Rating Endorsement		
	Satisfactory completed the appropriate ATS training course (certificate and course report)	<input type="checkbox"/>	
	Competency Test Report (written rating examination and proficiency assessment report by the AATSE)	<input type="checkbox"/>	
	Satisfactory completed field experience training (OJT) of the appropriate ATS rating	<input type="checkbox"/>	
	Current Medical Certificate (Part 67)	<input type="checkbox"/>	
	ATS Air Law Examination Pass Credit (ATCL and ASOL only)	<input type="checkbox"/>	
	Aviation English Language Proficiency (ELP) Level 4 or above	<input type="checkbox"/>	
	Satisfactory completed a Training Course in Human Factors	<input type="checkbox"/>	
Satisfactory completed an Instructional Training Course (Instructor rating only)	<input type="checkbox"/>		

5. FEES

ATCL – K300 ASOL- K300 ATC Rating - K300 ASO Rating - K300 ATC Licence + Initial Rating - K400 ASO Licence+ Initial rating –K400 ATS Instructor-K300 Fees to accompany application form	Licence		Rating			Total Received
	ATCL	ASOL	ATC	ASO	Instructor	
	K.....	K.....	K.....	K.....	K.....	K.....

6. FIT AND PROPER PERSONS ASSESSMENTS (Mark 'Yes' or 'No' in the Appropriate Box)

<i>Please tick appropriate box</i> Ensure all questions are answered – (a) to (g). <ul style="list-style-type: none"> • If your answer is "yes" to any of the questions, please provide details below. • If needed, separate sheets may be attached in a sealed envelope marked 'Confidential, Manager Personnel Licensing, Civil Aviation Safety Authority'. Include Name, client number (if known), and document applied for. 	THE INFORMATION SOLICITED HEREIN ASTISFIES THE REQUIREMENT FOR FIT AND PROPER PERSONS TEST PURSUANT TO SECTIONS 49 AND 50 OF THE CIVIL AVIATION ACT 2000.	Yes	No
	(a) Have your previously had an application for an aviation document rejected?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Have you been the holder of an aviation document which has been suspended or revoked ?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Have you been convicted of any transport safety offence in a court of law in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Are you presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Have you been convicted of any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Are you presently facing charges for any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Have you any history of physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>

Details – Attach separate pages, if required. Please sign, date and stamp each document.

Separate pages attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. 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>Consent to Disclosure and Collection</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>		
	Applicant's Signature		Date

**Post or deliver this Form to:
Civil Aviation Safety Authority, P.O. Box 1941, BOROKO, National Capital District, Papua New Guinea.**

OFFICE USE ONLY

Client No.	Date of Issue	Fees	Receipt No.	Receipt Date	Remarks

Fit and Proper Person		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name			Signature
Designation			Date