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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A blue and gold logo  Description automatically generated  **INSTRUCTIONS**  Please complete **Sections A through D ONLY.** See “Supplemental Information” Section for more information. Application must be typed.  **AIR TRAFFIC CONTROLLER ­­**  **LICENCE, RATING, VALIDATION AUTHORISATION OR CONVERSION APPLICATION** | | | | | | | | | | | | | | | | | | | |
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| **SUPPLEMENTAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Kindly review instruction page (5) for assistance in completing this application. A person shall not, with intent to deceive by making any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal, or variation of any such licence. [Penalty $5,000 or 6 months in prison]. (Civil Aviation Act 2021 Sec 50 (1) (c)). | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **A. APPLICATION FOR:** | | | | | | | | | | | | | | | | | | | |
| I. Direct CAA-B Issuance | | | | Re-issue | | | | | | Added Rating | | | | | | | Validation Authorisation | | |
| Renewal | | | | Re-instatement | | | | | | Conversion | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| **B. APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | |
| 1. Name (Last, First Middle): Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| 2. Serial (PEL) Number:Click or tap here to enter text. | | | | | | | | 3. Date of Birth: Click or tap to enter a date. | | | | | | | | | | | |
| 4a. Permanent Address (house number & street):  Click or tap here to enter text. | | | | | | | | 4b. City and State/Province:  Click or tap here to enter text. | | | | | | | | | | | |
| 4c. State and Postal Code:  Click to enter. | | | | | | | | 5. Place of Birth (city, state, and country):  Click or tap here to enter text. | | | | | | | | | | | |
| 6. Telephone Number:Click or tap here to enter text. | | | | | | | | 7. Email:Click or tap here to enter text. | | | | | | | | | | | |
| 8. Nationality:  Click to enter. | | 9. Height (in):  Click to enter. | | | | | 10. Weight (lb):  Click to enter. | | | | 11. Sex: Male  Female | | | | | 12. Hair (colour):  Click to enter. | | | 13. Eye (colour):  Click to enter. |
| 14a. Do you now hold, or have you ever held a CAA-B licence? If yes, complete items 14b through 14e. Yes No | | | | | | | | | | | | | | | | | | | |
| 14b. If yes, has your licence ever been suspended or revoked? Yes  No Date:Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| 14c. Type of Licence:  Click or tap here to enter text. | | | | | | | 14b. CAA-B Licence Number:  Click or tap here to enter text. | | | | | | | | | 14e. Date Issued:  Click or tap to enter a date. | | | |
| 15a. Do you speak and understand the English language?  Yes No | | | | | | | | | | | 15b. English Language Proficiency level 4-6? 4 5 6 | | | | | | | | |
| 16a. Do you hold a medical certificate issued by the CAA-B? If Yes, complete items 16b through 16d. Yes No | | | | | | | | 16b. Class of medical certificate: Class 3 | | | | | | | | | | | |
| 16c. Date issued:  Click or tap to enter a date. | | | | | | | | 16d. Name of Aviation Medical Examiner and Designation Number:  Click or tap here to enter text. | | | | | | | | | | | |
| 17a. For conversion, do you hold a medical certificate from your state? If yes, indicate the state and complete items 17b through 17d.  Yes State: Click or tap here to enter text. No | | | | | | | | | | | | | | | | | | | |
| 17b. Class of medical certificate : Class 3 | | | | | 17c. Date issued:  Enter date. | | | | | | | 17d. Name of Aviation Medical Examiner and Designation Number:  Click or tap here to enter text. | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **C. LICENCE, RATING, CONVERSION, VALIDATION AUTHORISATION OR CERTIFICATE APPLIED FOR BASED ON:** | | | | | | | | | | | | | | | | | | | |
| **I. Knowledge Test** | | | 1.Knowledge test applied for:Click or tap here to enter text.  Click or tap here to enter text.  2b. Knowledge test date of completion: Enter date. | | | | | | | | | | | 2a. Knowledge test completed for:  Click or tap here to enter text. | | | | | |
| **II. Graduate of an Approved Training Organisation (ATO)** | | | 1. ATO name and Location (city, state or province, country):  Click or tap here to enter text. | | | | | | | | | | | 2. ATO Certificate Number:  Click or tap here to enter text. | | | | | |
| 3. Course from which graduated:  Click or tap here to enter text. | | | | | | | | | | | 4. Graduation date:  Click or tap to enter a date. | | | | | |
| **III. Holder of a Foreign Licence** | | | 1. State:   Click or tap here to enter text. | | | | | | | | | | 2. Type of Licence:  Click or tap here to enter text. | | | | | 3. Licence Number:  Click or tap here to enter text. | |
| 4. Ratings:Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **D. APPLICANT’S CERTIFICATION** | | | | | | | | | | | | | | | | | | | |
| I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance. | | | | | | | | | | | | | | | | | | | |
| 1. Type Name:   Click or tap here to enter text. | | | | | | 2.Signature:  Click or tap here to enter text. | | | | | | | | 3.Date:  Click or tap to enter a date. | | | | | |
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| **-----FOR CAA-B INTERNAL USE ONLY-----** | | | | | | | | | | | | | | | | | | | |
| **E. ENDORSEMENT FOR THE KNOWLEDGE TEST (CAA-B AIR LAW)** | | | | | | | | | | | | | | | | | | | |
| **I. Authorised Instructor**  I have personally instructed the applicant in the subject areas required by the CARs for the licence, rating, authorisation, or certificate and consider this person ready to take the knowledge test. | | | | | | | | | | | | | | | | | | | |
| 1. Date:  Click or tap to enter a date. | | | | | 2. CAA-B Authorised Official’s Name:  Click or tap here to enter text. | | | | | | | | | 1. Instructor’s Signature:   Click or tap here to enter text. | | | | | |
| 4. Instructor’s licence number: Click or tap here to enter text. | | | | | | | | 5. Date of Expiration (Instructor’s Licence) :  Click or tap to enter a date. | | | | | | | | | | | |
| **II. Approved Training Organisation** | | | | | | | | | | | | | | | | | | | |
| The applicant has successfully completed our Click or tap here to enter text.approved course and is endorsed for the Click or tap here to enter text.test. | | | | | | | | | | | | | | | | | | | |
| 1.Date:  Click or tap to enter a date. | | | | | 2. ATO Name and Location:  Click or tap here to enter text. | | | | | | | | | 3. ATO Certificate of Completion Number:  Click or tap here to enter text. | | | | | |
| 4. Name of ATO Official :  Click or tap here to enter text. | | | | | 5.Title of ATO Official:  Click or tap here to enter text. | | | | | | | | | 6.Signature of ATO Official:  Click or tap here to enter text. | | | | | |
| **III. CAA-B Authorisation for Air Law Test**  **☐PEL Technical Inspector ATO Designated Examiner**  1. I have reviewed this person’s application package and other required documentation and find this applicant meets the requirements of the CARs for the licence, rating, or authorisation sought and is authorised to take the CAA-B Air Law Test.  Initial knowledge test Retake of passing test Retest after failure  2. I have reviewed this person’s application package other required documentation and find this applicant does not meet the requirements of the CARs for the licnence, rating, or authorisation sought and is not authorised to take the CAA-B Air Law Test.  3. Remarks (if any): Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| 4.Name of PEL Technical Inspector/Designated Examiner who conducted the review:  Click or tap here to enter text. | | | | | | | | | | 5.Title of PEL Technical Inspector/Designated Examiner who conducted the review:  Click or tap here to enter text. | | | | | | | | | |
| 6. Signature of PEL Technical Inspector/ Designated Examiner who conducted the review:  Click or tap here to enter text. | | | | | | 7. Technical Inspector/Designated Examiner Number: Click or tap here to enter text. | | | | | | | | 8. Date:  Click or tap to enter a date. | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **F. ENDORSEMENT FOR THE SKILL TEST** | | | | | | | | | | | | | | | | | | | |
| **I. Authorised Instructor** | | | | | | | | | | | | | | | | | | | |
| I have personally instructed the applicant in the subject in the subject areas required by the CARs for the licence, rating, authorisation, or | | | | | | | | | | | | | | | | | | | |
| certificate and consider this person ready to take the knowledge test. | | | | | | | | | | | | | | | | | | | |
| 1. Date:   Click or tap to enter a date. | | | | | | 2. Instructor’s Name:  Click or tap here to enter text. | | | | | | | | 3.Instructor’s Title:  Click or tap here to enter text. | | | | | |
| 1. Instructor’s Signature:   Click or tap here to enter text. | | | | | | 1. Instructor’s Licence Number:   Click or tap here to enter text. | | | | | | | | 6.Date of Expiration (Instructor’s Licence):  Click or tap to enter a date. | | | | | |
| **II. Approved Training Organisation** | | | | | | | | | | | | | | | | | | | |
| The applicant has successfully completed our Click or tap here to enter text.approved course and is endorsed for the Click or tap here to enter text.test. | | | | | | | | | | | | | | | | | | | |
| 1.Date:  Click or tap to enter a date. | | | | | | 2. ATO Name and Location:  Click or tap here to enter text. | | | | | | | | 1. ATO Certificate Number:   Click or tap here to enter text. | | | | | |
| 4.Name of ATO official:  Click or tap here to enter text. | | | | | | 5.Title of ATO official:  Click or tap here to enter text. | | | | | | | | 6.Signature of ATO official:  Click or tap here to enter text. | | | | | |
| **III. CAA-B Authorisation for the Skill Test**  **PEL Technical Inspector ATO Designated Examiner** | | | | | | | | | | | | | | | | | | | |
| 1. I have reviewed this person’s application package, Air Law Test results and other required documentation and find that this applicant meets the requirements of the CARs for the licence, rating or authorisation sought and is authorised to take the CAA-B skill test.  Initial skill test Retest after failure Renewal  Re-issue   1. I have reviewed this person’s application package, Air Law Test results and other required documentation and find that this applicant does not meet the requirememnts of the CARs for the licence, rating or authorisation sought and is **not** authorised to take the CAA-B skill test. 2. Remarks (if any): Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. Date:   Click or tap to enter a date. | 5.Name of the PEL Technical Inspector/Designated Examiner who conducted the review:  Click or tap here to enter text. | | | | | | | | | 6.Title of the PEL Technical Inspector/Designated Examiner who conducted the review:  Click or tap here to enter text. | | | | | | | 7.Signature:  Click or tap here to enter text. | | |
|  | | | | | | | | | | | | | | | | | | | |
| **G. SKILL TEST REPORT (DESIGNATED EXAMINER OR PEL TECHNICAL INSPECTOR)** | | | | | | | | | | | | | | | | | | | |
| 1. Examiner of Inspector statement | | | | | | | | | | | | | | | | | | | |
| i. I have personally reviewed this applicant’s information and training records and certify that the individual meets the pertinent requirements | | | | | | | | | | | | | | | | | | | |
| of the CARs for the licence, rating or authorisation sought. | | | | | | | | | | | | | | | | | | | |
| ii. I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the results indicated below. | | | | | | | | | | | | | | | | | | | |
| Approved | | | | | | | | | | | | | | | | | | | |
| Disapproved – Notice of Denial issued (original attached) | | | | | | | | | | | | | | | | | | | |
| iii. I have personally checked that this applicant meets the language proficiency requirements for the: | | | | | | | | | | | | | | | | | | | |
| English Language | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 2.Location of the test (facility, city,state or province, country):  Click or tap here to enter text. | | | | | | | 1. Duration of test:   Click or tap here to enter text. | | | | | | | 4.Test duration breakdown:  Ground hours:Click or tap here to enter text.  FSTD hours:Click or tap here to enter text. Click or tap here to enter text. | | | | | |
| 5.Licence, rating, or authorisation, for which tested:  Click or tap here to enter text. | | | | | | | 6.Type(s) of aircraft used:  Click or tap here to enter text. | | | | | | | 7.Registration number(s):  Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | | |  | | | | | | |  | | | | | |
| 8. Date:  Click or tap to enter a date. | | | | | | | 9.Designated Examiner’s or PEL Technical Inspector’s Name:  Click or tap here to enter text. | | | | | | | 10. Designated Examiner’s or PEL Technical Inspector’s Signature:  Click or tap here to enter text. | | | | | |
| 11.Designated Examiner’s designation number or PEL Technical Inspector’s Licence Number:  Click or tap here to enter text. | | | | | | | | | | 12.Date of Expiration (designation):  Click or tap to enter a date. | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **H. CAA-B REPORT** | | | | | | | | | | | | | | | | | | | |
| **I. CAA-B Action** | | | | | | | | | **II. Attachments** | | | | | | | | | | |
| Issue Student Air Traffic Controller | | | | | | | | | Valid passport | | | | | | | | | | |
| Examiner/Inspector recommendation | | | | | | | | | Recent colored passport photo | | | | | | | | | | |
| Accepted Rejected | | | | | | | | | Proof of address | | | | | | | | | | |
| Issue of licence | | | | | | | | | Employment Letter | | | | | | | | | | |
| Renewal of licence | | | | | | | | | Valid CAA-B Medical Certificate (Class 3) | | | | | | | | | | |
| Re-issue of licence | | | | | | | | | Valid Foreign Medical Certificate | | | | | | | | | | |
| Issue of rating | | | | | | | | | Foreign Licence | | | | | | | | | | |
| Renewal of rating | | | | | | | | | Superceded Licence | | | | | | | | | | |
| Re-instatement | | | | | | | | | Verification | | | | | | | | | | |
| ☐Conversion | | | | | | | | | Evidence of Currency | | | | | | | | | | |
| ☐Other Click or tap here to enter text. | | | | | | | | | Evidence of Recency | | | | | | | | | | |
|  | | | | | | | | | Evidence of English Language Proficiency | | | | | | | | | | |
|  | | | | | | | | | Training Records | | | | | | | | | | |
| *Options continue on next page* | | | | | | | | | Knowledge Test Results | | | | | | | | | | |
| **H.CAA-B REPORT CONT’D.** | | | | | | | | |  | | | | | | | | | | |
| **I.CAA-B Action** | | | | | | | | |  | | | | | | | | | | |
| *Continued from previous page.* | | | | | | | | | Skill Test Results | | | | | | | | | | |
|  | | | | | | | | | Letter of Discontinuance | | | | | | | | | | |
|  | | | | | | | | | Notice of Denial | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | |
| **III. Applicant’s Identification**  Passport number:Click or tap here to enter text.  Date of Expiration:Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | |
| **IV. CAA-B Authorisation**  1.  The Application documentation is in order and the licence, rating, or authorisation may be issued.  Licence, rating, authorisation, or certificate to be issued Click or tap here to enter text.  Letter of Rejection is issued. | | | | | | | | | | | | | | | | | | | |
| 2.Name of the PEL Technical Inspector who conducted the review :  Click or tap here to enter text. | | | | | | 3.Title of the PEL Technical Inspector who conducted the review :  Click or tap here to enter text. | | | | | | | | | 4.Signature of the PEL Technical Inspector who conducted the review :  Click or tap here to enter text. | | | | |
| 5.PEL Technical Inspector Number :  Click or tap here to enter text. | | | | | | 6.Date :  Click or tap to enter a date. | | | | | | | | | 7.Control/Entry Number :  Click or tap here to enter text. | | | | |
|  | | | | | | | | | | | | | | | | | | | |
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| **I. CAA-B ISSUANCE** | | | | | | | | | | | | | | | | | | | |
| **I. Licence, Rating, Authorisation, or Validation Certificate Issued** | | | | | | | | | | | | | | | | | | | |
| Licence Click or tap here to enter text. Expiration date: Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | |
| Rating Click or tap here to enter text. Expiration date: Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | |
| Authorisation Click or tap here to enter text. Expiration date: Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | |
| **II. CAA-B Authorisation**  1.Name of the ANS Technical Inspector who conducted the review:  Click or tap here to enter text. | | | | | | 2. Title of the ANS Technical Inspector who conducted the review :  Click or tap here to enter text. | | | | | | | | | 3.Signature of the ANS Technical Inspector who conducted the review:  Click or tap here to enter text. | | | | |
| 4. ANS Technical Inspector Number:  Click or tap here to enter text. | | | | | | 5. Date:  Click or tap to enter a date. | | | | | | | | | 6. Control/Entry Number:  Click or tap to enter a date. | | | | |

**AIR TRAFFIC CONTROLLER ­­**

**LICENCE, RATING, VALIDATION AUTHORISATION OR CONVERSION APPLICATION**

Instructions for Completion of CAA-B Form No. PEL005-00

Note: Complete Sections A through D only. Please type to complete. Handwritten applications will not be accepted.

**A. Application For:**

Check the appropriate box.

* **Original (CAA-B Issued).** First direct issuance of a type of licence.
* **Direct Issuance.** When a State establishes its own system of ensuring compliance.
* **Conversion.** The action taken by the Authority in issuing its own licence on the basis of a licence issued by another Contracting State for use on aircraft registered in The Bahamas.Check the box and proceed to Section B – Application Information.
* **Validation.** The acceptance of a certificate, licence, approval, designation, or authorisation issued by another ICAO Contracting State as the primary basis for the Authority’s issuance of a short term authorisation containing the same or more restrictive privileges. Check the box and proceed to Section B – Application Information.
* **Added Rating**. Add a rating to an existing licence.
* **Renewal.** The administrative action taken within the period of validity of a licence, rating, authorisation or certificate that allows the holder to continue to exercise the privileges of a licence, rating, authorisation or certificate for a further specified period consequent upon the fulfilment of specified requirements.
* **Re-issue.** The administrative action taken after a rating or certificate has been suspended or revoked and the specified requirements for the privileges of the rating or certificate to be returnd have been met.
* **Re-instatement.** The administrative action taken after a rating or certificate has been suspended or revoked and the specified requirements for the privileges of the rating or certificate to be returned have been met.

**B. Applicant Information**

**1. Legal name.** Enter your legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed accompanied by a copy of the marriage licence, court order, or other document verifying the name change. Civil Aviation Act 23 (d)

**2. Serial (PEL) number.** Enter the identification number from your passport (as specified by the CAA-B).

**3. Date of birth.** Enter your date of birth: (20 October 1983 example).

**4a. Permanent address.** Enter the residence number and street name of your permanent address.

**4b. City and state/province.** Enter the city of your permanent address and the state or province as applicable.

**4c. Country and postal code.** Enter the country and postal code of your permanent address.

**5. Place of birth.** Enter your city of birth and the state or province as applicable. Enter the country where you were born.

**6. Telephone number.** Enter your telephone number.

**7. Email address.** Enter your email address. If you do not have an email address, enter “None” or “N/A.”

**8. Nationality.** Indicate your nationality from your passport. If you have more than one nationality, indicate so.

**9. Height.** Enter your height in inches as published on your medical certificate.

**10. Weight.** Enter your weight in pounds. Do not enter fractions. Use whole pounds only.

**11. Sex.** Check Male or Female.

**12. Hair.** Enter the colour of your hair as published on your medical certificate.

**13. Eyes.** Enter the colour of your eyes as published on your medical certificate.

**14a. Do you now hold, or have you ever held a CAA-B licence?** Check Yes or No. If yes, complete Items 14b through 14e; otherwise, proceed to Item 15a.

**14b. If yes, has your licence ever been suspended or revoked?** Check Yes or No and, if yes, indicate the date of the suspension. or revocation.

**14c. Type of licence.** Enter the type of licence you hold or have held.

**14d. Licence number.** Enter the licence number as it appears on your licence.

**14e. Date issued.** Enter the date your licence was issued.

**15a. Do you speak and understand the English language?** Check Yes or No.

**15b. English Language Proficiency level 4-6?** Check 4, 5, or 6.

**16a. Do you hold a medical certificate issued by the CAA-B?** Check Yes or No. If yes, complete Item 16b through 16d; otherwise, proceed to Item 17a.

**16b. Class of medical certificate.** Check Class 3.

**16c. Date issued.** Enter the date the CAA-B medical certificate was issued.

**16d. Name and Designation number of Aviation Medical Examiner.** Enter the name and designation number of the CAA-B aviation medical examiner as shown on the medical certificate.

**17a. For validation or conversion, do you hold a medical certificate from your country?** Check Yes or No. If yes, enter the name of your country and complete Blocks 17b through 17d; otherwise, proceed to Section C.

**17b. Class of medical certificate.** Check Class 3.

**17c. Date issued.** Enter the date the medical certificate was issued.

17d. Name of Aviation Medical Examiner. Enter the name of the Aviation Medical Examiner.

**C.** **Licence,** **Rating, Validation Authorisation or Conversion Applied for based on**.

**Block I. Knowledge Test**

**1. Knowledge test applied for.** Indicate which knowledge test you are applying to take (if applicable).

**2a. Knowledge test completed for.** Enter the type of knowledge test you have completed (if applicable).

**2b. Knowledge test date of completion.** Enter the date you completed the knowledge test.

**Block II. Graduate of an Approved Training Organisation (ATO)**

**1. ATO name and location.** Enter the name and location of the ATO as shown on your graduation certificate. Be sure to include the city, state or province as applicable, and country.

**2. ATO certificate number.** Enter the ATO certificate number as shown on your graduation certificate.

**3. Course from which graduated.** Enter the name of the course from which you graduated as shown on your graduation certificate.

**4. Graduation date.** Enter the date of your graduation from the course indicated.

**Block III. Holder of a Foreign Licence**

**1. Country.** Enter the country which issued the licence.

**2. Type of licence.** Enter the type of licence issued (e.g., private, commercial, etc.).

**3. Licence number.** Enter the licence number as it appears on your licence.

**4. Ratings.** Enter all ratings that appear on your licence.

**D. Applicant’s Certification**

Applicant completes this block

**1. Name.** Type name.

**2. Signature.** Enter Signature.

**3. Date.** Enter the date you sign the application.

----------------------------------------------------------THIS SECTION IS FOR CAA-B INTERNAL USE ONLY------------------------------------------------------------------

**E. Endorsement for the Knowledge Test (CAA-B Air Law)**

The authorised instructor completes this block

**Block I. Authorised Instructor**

**1. Date.** Enter the date you sign the application for example 20 October 2013.

**2. CAA-B Authorised Official’s Name.** Enter your name.

**3. CAA-B Authorised Official’s Signature.** Enter your signature.

**4**. **CAA-B Authorised Official’s Licence Number.** Enter your instructor licence number.

**5. Date of Expiration.** Enter the expiration date of your instructor licence.

**Block II. Approved Training Organisation.**

ATO official completes this block

**Enter the name of the approved course the applicant completed and indicate the test the ATO is endorsing the applicant to take.**

**1. Date.** Enter the date you sign the application.

**2. ATO name and location.** Enter the name of the ATO as shown on the graduation certificate.

**3.** **Name of ATO official**. Enter name of ATO official.

**5. Title of ATO official.** Enter title of ATO official.

**3. ATO certificate number.** Enter the ATO certificate number as shown on the graduation certificate.

**4-6. Name, title, and signature of ATO official.** Print your name and ATO position title and sign.

**Block III. CAA-B Authorisation for Air Law Test**

CAA official completes this block

**1.** Check the box if the applicant meets the requirements to take the applicable knowledge test. Check the appropriate box to indicate if this is the applicant’s initial knowledge test, a retake of a passing test, or a retest after the failure of a knowledge test.

**2.** Check the box if the applicant does not meet the requirements to take the applicable knowledge test.

**3.** Enter remarks, as needed.

**4-8.** Print your name and title, Technical Inspector Number,sign and date the application.

**F. Endorsement for the Skill Test**

The authorised instructor completes this block.

**Block I. Authorised Instructor**

**1. Date.** Enter the date you sign the application.

**2. Instructor’s name.** Enter your name.

**3. Instructor’s title.** Enter your title.

**4.Instructor’s signature.** Sign your name.

**5. Instructor’s licence number.** Enter your instructor’s licence number.

**6. Instructor’s licence expiration date.** Enter the expiration date of your instructor licence, for example, 2013.

**Block II. Approved Training Organisation (ATO).**

ATO official completes this block

Enter the name of the approved course the applicant completed and indicate the test the ATO is endorsing the applicant to take.

**1. Date.** Enter the date you sign the application.

**2. ATO name.** Enter the name of the ATO as shown on the graduation certificate.

**3. ATO certificate number.** Enter the ATO certificate number as shown on the graduation certificate.

**4-6. Name, title, and signature of ATO official.** Type your name, title and sign.

**Block III. CAA-B Authorisation for the Skill Test**

**PEL Technical Inspector/ATO Designated Examiner completes this block.**

**1.** Check the box if the applicant meets the requirements to take the applicable skill test. Check the appropriate box to indicate if this is the applicant’s initial skill test, a retest after the failure of a skill test, a renewal, or a reissue.

**2.** Check the box if the applicant does not meet the requirements to take the applicable skill test.  
**3.** Enter remarks, as needed.

**4-7.** Type your name and title. Sign and date the application.

**G. Skill Test Report (Designated Examiner or PEL Technical Inspector)**

The examiner or CAA-B inspector completes this section

**1. Examiner or Inspector Statement.** Address the following items:

**i.** Check the box to indicate that you reviewed the applicant’s documents and the applicant meets the pertinent requirements of the CARs.

**ii.** Check the box to indicate that you tested the applicant following the pertinent procedures and requirements. Indicate if the applicant is approved or disapproved by checking the appropriate box.

**iii.** Check the box to indicate that you checked the applicant’s language proficiency for the English language.

**2. Location of the test (facility, city, state or province, country).** Enter the test centre name and location.

**3. Duration of the test.** Enter the duration of the test.

**4. Test duration breakdown.** Enter the number of hours spent during the test on the ground (oral), in a flight simulation training device, or flight.

**5. Licence, rating, authorisation for which tested.** Enter the licence, rating or authorisation for which the applicant tested.

**6. Type(s) of aircraft used.** Enter the type(s) of aircraft used during the test.

**7. Registration number(s).** Enter the registration number(s) of the aircraft used during the test.

**8. Date.** Enter the test date.

**9-10. Examiner’s or inspector’s name and signature.** Print and sign your name.

**11. Examiner’s designation number or inspector’s licence number.** Enter your examiner designation number or inspector licence number.

**12. Examiner’s designation expiration date.** Enter the examiner’s designation expiration date.

**H. CAA-B Report**

CAA-B officials complete these blocks

**Block I. CAA-B Action.** Check the appropriate box.

**Block II. Attachments.** Check the boxes to indicate which applicable documentation is attached.

**Block III. Applicant’s Identification.** Enter the passport number, and the expiration date.

**Block IV. CAA-B Authorisation.** Check the appropriate box to indicate if the applicant meets the licensing requirements or if the application is incomplete and will be returned to the applicant. Type your name and title, Technical Inspector Number, and sign the application. Enter the date of the review. Enter control number.

**I. CAA-B Issuance**

CAA-B officials complete these block(s)

**Block I. Licence, Rating, Authorisation, or Validation Certificate Issued.** Check the appropriate box and indicate the type of licence, rating(s), authorisation, or validation certificate received. Enter the expiration date.

**Block II. CAA-B Authorisation.** Type your name and title and sign the application. Enter the date of the issuance.