



BCAA/PEL/I/05

APPLICATION FOR THE ISSUANCE OF ATC LICENCE

I. Personal Particulars

- 1. Name in full:
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- 2. Permanent Address:
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- 3. Sex:.....
- 4. Date of Birth:.....
- 5. Telephone No.:.....E-mail Address:.....

II. Professional Particulars

- 6. Date of appointment:.....
- 7. Date of Medical Examination.....

III. Training Details

8. Theoretical Course

Title of the course/ Details of the course	Country/ venue	Date of commencement	Date of completion

9. On-the-job Training

OJT training & Name of the instructors	OJT Centre	Date of commencement	Date of completion



འབྲུག་གི་བའི་མཉམ་འབྲུག་དབང་འཛིན།
 བཅའ་རྒྱུན་དང་བརྒྱུད་འབྲེལ་སྣེན་ལག། དབལ་ལྷན་འབྲུག་གཞུང།
BHUTAN CIVIL AVIATION AUTHORITY
 Ministry of Information & Communications
 Royal Government of Bhutan
 Paro : Bhutan



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10. Date of the Rating Assessment Test:

11. Rating Test results:

12. Attached following documents:

- I. certified copy of the course completion certificate
- II. Details of the training course (Subjects followed, venue , duration)
- III. OJT Assessment Report
- IV. Rating Assessment Results
- V. Letter of appointment from RCSC

I hereby confirm that the above particulars given by me are true and correct.

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Date

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Signature of Applicant

I certify that entries in 8-11 are correct.

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Date

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Head of Air Navigation Services