



Form No: BCAA/PEL/I/06

APPLICATION FOR THE ISSUANCE OF ATC RATINGS

I. Rating to be issued (*tick appropriate box*)

Aerodrome Control Rating – <input type="checkbox"/>	Approach Control Procedural Rating <input type="checkbox"/>	Area Control Procedural Rating <input type="checkbox"/>	Approach Control Surveillance – Radar Rating <input type="checkbox"/>	Area Control Surveillance – Radar Rating <input type="checkbox"/>	Area Control Surveillance –ADS Rating <input type="checkbox"/>
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II. Personal Particulars

1. Name in full:

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2. Telephone No.:..... E-mail Address.....

3. License No.....

4. License valid till.....

III. Training Details

5. Theoretical Training

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



འབྲུག་གི་བའི་མཁའ་འགྲུལ་དབང་འཛིན།
 བདེ་དོན་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག། དབལ་ལྷན་འབྲུག་གཞུང་།
BHUTAN CIVIL AVIATION AUTHORITY
 Ministry of Information & Communications
 Royal Government of Bhutan
 Paro : Bhutan



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6. On-the-job Training

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

7. Attached following documents

- I. certified copy of the course completion certificate
- II. Details of the training course (Subjects followed, venue , duration)
- III. Receipt of the payment

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

.....
Date

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Signature of Applicant

I certify that the entries in 5-8 are correct.

.....
Date

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Signature of
Head of Air Navigation Services