



**Form No: BCAA/PEL/R/04**

**APPLICATION FOR THE RENEWAL OF ATC LICENCE**

**I. Personal Particulars:**

- Name in full:.....  
 (Block letters, Surname first)
- Telephone No.:.....E-mail Address:.....

**II. Professional Particulars:**

- Licence No.....
- Date of Expiry of licence:.....
- The last date of Medical Examination:.....
- Ratings valid: Part III (a) / (b) / (c) / (d) (tick ✓ appropriate rating)
- Last date of validity of ratings: Part III (a).....  
 (b).....  
 (c).....  
 (d).....

**8. Recent Experience**

Exercise the privileges of the rating endorsed on the licence for a period of not less than 06 months within the 12 months period immediately preceding this application.

Unit	Period
Aerodrome Control Rating - Paro	
Aerodrome Control Rating - Bumthang	
Approach Control Rating	
Area Airways Rating	
Approach Radar Rating	

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

.....  
 Date Signature of Applicant

I certify that the entries in 8 are correct.

.....  
 Date Head of Air Navigation Services