



Form No: BCAA/PEL/R/06

APPLICATION FOR THE REACTIVATION OF ATC LICENCE/ RATING

I. Personal Particulars

1. Name in full:
 (Block letters, Surname first)
2. Permanent Address:
3. Telephone No.:..... E-mail Address:.....
4. Licence Number.....
5. Last date of the validity of the licence.....

II. Professional Particulars

Part A - Reactivation of ATC Licence & Rating/s

6. Last date of the validity of ratings.....

| Rating | Date of Expiry |
|-----------------------------------|----------------|
| Aerodrome Control Rating – a (i) | |
| Aerodrome Control Rating – a (ii) | |
| Approach Control Rating - b | |
| Area/ Airways Rating - c | |
| Approach Radar Rating - d | |

7. Date of re-appointment (if applicable).....
8. Date of medical examination.....
9. Theoretical Training/ Reactivation course

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



འབྲུག་ཞི་བའི་མཐའ་འགྲུལ་དབང་འཛིན།
 བདེ་དོན་དང་བརྒྱུད་འབྲེལ་རྒྱུ་ལག། དཔལ་ལྷན་འབྲུག་གཞུང་།
BHUTAN CIVIL AVIATION AUTHORITY
 Ministry of Information & Communications
 Royal Government of Bhutan
 Paro : Bhutan



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10. On-the-job Training

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

11. Date of Rating Assessment.....

12. Rating Test Results.....

13. 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

Part B - Reactivation of ATC Rating/s (if licence is current and ratings are expired)

14. _____ Ratings _____ to _____ be reactivated.....

15. Theoretical Training/ Reactivation course

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



འབྲུག་ཞི་བའི་མཐའ་འཇགས་དབང་འཛིན།
 བདེ་དོན་དང་བརྒྱུད་འབྲེལ་ལྷན་ཁག། དབལ་ལྷན་འབྲུག་གཞུང།
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16. On-the-job Training

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

17. Date of Rating Assessment.....

18. Rating Test Results.....

19. 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

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

.....
Date

.....
Signature of Applicant

I certify that the entries in 9-12/ 14-18 are correct.

.....
Date

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Head of Air Navigation Services