

	SIERRA LEONE CIVIL AVIATION AUTHORITY		Reference	FORM: AC-PEL010
	Application for Air Traffic Controller License, Rating and Authorisation		Revision	01
			Date	31 st AUGUST 2022
<input type="checkbox"/> Issue	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-issue	<input type="checkbox"/> Adding Rating	<input type="checkbox"/> Adding authorisation
I. Application Information				
<input type="checkbox"/> Rating being applied for: <input type="checkbox"/> Aerodrome Control <input type="checkbox"/> Approach Control Procedural <input type="checkbox"/> Approach Control Surveillance		<input type="checkbox"/> Approach Radar Precision Control <input type="checkbox"/> Area Control Procedural <input type="checkbox"/> Area Control Surveillance		
A. Name (Surname, First, Middle)		B. Date of birth (dd/mm/yyyy)		C. Place of birth
D. Address		E. Nationality		F. Height
		G. Weight	H. <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Hair J. Eyes
K. Do you now hold, or have you ever held a Sierra Leonean or any other CAA license? <input type="checkbox"/> Yes <input type="checkbox"/> No		L. If yes, has license ever been suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> ... date No		M. Type of license N. Number
O. Date issued (dd/mm/yyyy)		S. Name of examiner		
P. Do you hold a medical certificate?		Q. Class of certificate	R. Date issued (dd/mm/yyyy)	
II. License, rating and authorisation applied for on basis of				
<input type="checkbox"/> A. Completion of required knowledge test		1. Knowledge test for _____ license/rating successfully completed		2. Date of completion of knowledge test (dd/mm/yyyy)
<input type="checkbox"/> B. Completion of required skill test/proficiency check				
<input type="checkbox"/> C. Graduate from integrated course of approved training		1. Name and location of ATO		2. ATO Number
		3. Course from which graduated		4. Date (dd/mm/yyyy)
III. Applicant's Certification		A. Signature		B. Date (dd/mm/yyyy)
I certify that the statements made by me on this application are true.				
Attachments		Applicant's identification		
<input type="checkbox"/> Knowledge Test Report <input type="checkbox"/> Skill Test Report <input type="checkbox"/> Proficiency Check Report (if applicable) <input type="checkbox"/> Notice of Denial <input type="checkbox"/> Letter of Discontinuance <input type="checkbox"/> Graduation Certificate (copy)		Form of ID: ID Name: Number: Date of birth: (dd/mm/yyyy): Expiration date (dd/mm/yyyy): Email address: Telephone Number:		

<input type="checkbox"/> Identification document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> Copy of Medical	
FOR OFFICIAL USE ONLY	
TICK AS APPROPRIATE <input checked="" type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> N/A	Legend √ - Provided X - Not Provided N/A - Not Applicable
1. The appropriate fees paid and SLCAA receipt attached.	<input type="checkbox"/>
2. Identification document: Document relating to proof of age, date of birth full name and nationality copies of these documents must be legible and will be certified by licensing staff as true copies of the original. Where a document is printed in a language other than English, the applicant must provide a notarized translation).	<input type="checkbox"/>
3. Two recent photographs (approximately 2cm by 2.5cm) taken from the same negative (full face).	<input type="checkbox"/>
4. Evidence of incident, accident, enforcement actions of any medical condition (if any)	<input type="checkbox"/>
5. Copy of Medical: Medical certificate from authorized SLCAA Medical examiner. (if applicable)	<input type="checkbox"/>
6. All personal flying Log Book(s) and/or ATO records, its entries certified by the relevant authorities e.g. Chief Flight Instructor, Director of Operations, Chief Pilot, etc. (if applicable)	<input type="checkbox"/>
7. Professional Graduation Certificate (copy) - (if applicable)	<input type="checkbox"/>
8. Verification of authenticity of foreign licence (if applicable)	<input type="checkbox"/>
9. Due diligent documentation by employer Background check	<input type="checkbox"/>
Verifying Officer Name: _____ Title: _____ Signature: _____ Date: _____ Comments if any: 	

ANS INSPECTOR EVALUATION

I have reviewed this person's application and the required documentation and authorize the issue
/ Renew /Not Issue of the licence/authorisation.

Name/title of ANS Inspector who conducted the review:

Date: (dd/mm/yyyy)

Comments if any:

LICENSE, RATING, AUTHORISATION OR VALIDATION CERTIFICATE APPLICATION

INSTRUCTIONS FOR COMPLETION OF FORM: AC-PEL 010B

I. Application Information *Check appropriate block(s)*

Block A. Name

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the Authority that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with SLCAR Part 22 2.2). The name on the certificate should be the same as the name on the application.

Block B. Date of Birth. Check for accuracy. Enter eight digits. Use numeric characters, i.e., 20-10-1983 instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

Block C. Place of Birth. Enter the city and country where you were born.

Block D. Address. Enter residence number and street or P. O. Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

Block E. Nationality. Indicate the your nationality from your passport. If you have more than one nationality, indicate them.

Block F Height. Enter your height in centimetres.

Block G. Weight. Enter your weight in kilograms. No fractions use whole kilograms only.

Block H. Check male or female.

Block I. Hair. Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or grey. If you wear w wig or toupee, enter the colour of your hair under the wig or toupee.

Block J. Eyes. Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or grey.

Block K. Do you hold, or have you ever held a Sierra Leone SLCAA license. Check yes or no.

Block L. If yes, has license ever been suspended or revoked. Check yes or no and indicate the date, if yes.

Block M. Type of license. Enter the type of license (AMEL, ATCL, ASOL, ATSEPL,)

Block N. Number. Enter the number as it appears on your pilot license.

Block O. Date issued. Enter the date your pilot license was issued.

. Knowledge test for license/rating successfully completed. Indicate which knowledge test has been successfully completed.

Block B. Graduate from integrated course of approved training.

1. Name and location of ATO (Aviation Training Organisation). As shown on the graduation certificate. Be sure the location is entered.

2. ATO Number. As shown on the graduation certificate.

3. Course from which graduated. As shown on the graduation certificate.

4. Date. Date of graduation from indicated course.

Block C. Holder of a foreign license.

1. Country. Country which issued the license

2. Type of license. Type of license issued, i.e. private, commercial, etc.

3. Number. Number which appears on the license.

4. Ratings. All ratings that appear on the license.

III. Applicant's Certification

A. Signature. The way you normally sign your name.

B. Date. The date you sign the application

Block P. Do you hold a medical certificate? Check yes or no. If yes complete blocks Q, R and S.

Block Q. Class of certificate. Enter the class as shown on the medical certificate i.e. 1st, 2nd or 3rd class.

Block R. Date issued. Enter the date your medical certificate was issued.

Block S. Name of examiner. Enter the name as shown on the medical certificate.

Block T. Do you speak and understand the English language. Check yes or no.

II. License, Rating or validation certificate applied for .

Block A. Completion of required knowledge test