



# APPLICATION FOR RENEWAL OF AN AIR TRAFFIC CONTROLLER LICENCE

To:  
ATC Licensing section,  
Aerodrome & Air Navigation Services Regulation Division  
Civil Aviation Authority of Singapore

## Part I - Application for Renewal of ATC Licence. ATC Rating(s) Held by Applicant. (Please tick appropriate box)

- |   |  |
|---|--|
| <input type="checkbox"/> Aerodrome Control (Changi) Rating              | <input type="checkbox"/> Aerodrome Control (Seletar) Rating              |
| <input type="checkbox"/> Approach Control Surveillance (Arrival) Rating | <input type="checkbox"/> Approach Control Surveillance (Terminal) Rating |
| <input type="checkbox"/> Area Control Procedural Rating                 | <input type="checkbox"/> Area Control Surveillance Rating                |

## Part II - Personal Particulars

Name as in NRIC:		NRIC Number:	Date of Birth:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone (Mobile/Home):	Email:

Address:

## Part III - Declaration and Consent to Disclosure and Collection of Information

Please answer all the questions below. If the answer is "Yes", please provide details in the corresponding boxes, otherwise check "No".

- |   | No                       | If Yes, please provide details |
|---|--------------------------|--------------------------------|
| 1 Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument? If yes, please state. | <input type="checkbox"/> | _____                          |
| 2 Are you currently or have been disqualified from holding any aviation safety instrument? If yes, please state.  | <input type="checkbox"/> | _____                          |
| 3 Have you been the subject of any investigation or suspension actions by any civil aviation authority(s)? If yes, please state.  | <input type="checkbox"/> | _____                          |
| 4 Do you currently possess a valid CAAS Class 3 medical certificate? If yes, please state the date of expiry of your latest class 3 medical assessment.   | <input type="checkbox"/> | _____                          |
| 5 Are you convicted for any offence, whether or not the conviction was in a Singapore court? If yes, please state.  | <input type="checkbox"/> | _____                          |

I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I authorise the collection by the Chief Executive of the Civil Aviation Authority of Singapore or any person authorised by the Chief Executive, and the disclosure to the Chief Executive by any person, organisation or government department of any details of my knowledge of and compliance with aviation safety regulatory requirements.

I authorise the Chief Executive to use, and disclose, the information obtained about me for any purpose under the Air Navigation Act and any aviation safety subsidiary legislation, or other such purpose permitted by law.

Signature of Applicant:	Date (dd/mm/yyyy):
-------------------------	--------------------