



**TANZANIA CIVIL AVIATION AUTHORITY  
DIRECTORATE OF SAFETY REGULATION  
PERSONNEL LICENSING**


Revision: 2  
Form

TCAA-FRM-SR-PEL036B

Application for Initial Station Validation or  
Revalidation of an ATC Licence

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SN	Preliminary Information:		
1	Name of Applicant:	Age	
2	Name of Employer:		
<b>Application Type (Please Tick the Appropriate Box)</b>			
I am applying for:			
<input type="checkbox"/>	Initial Station Validation	<input type="checkbox"/>	Revalidation
Effective date of re-validation/validation being applied for			
ATC licence number		Date of Issue:	
Latest Medical Certificate Details:			
Class	Date of Issue	Expiry Date	Name of AME
Effective Dates of the Previous Validations (If Applicable):			
Rating	Station (in ICAO 4 letter format)	Effective Date	

	<b>TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATION PERSONNEL LICENSING</b>	Revision: 2 Form
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Ratings Held	Station Validation/Revalidation Applying for: (circle the required station)	Effective Date
<input type="checkbox"/> Aerodrome Control	HTDA HTZA HTKJ HTAR HTMW HTTG HTPE HTMT HTSO HTIR HTTP HTBU HTSO HTKA HTGW	
<input type="checkbox"/> Approach Procedural Control	HTDA HTZA HTKJ HTAR HTMW HTGW HTTP	
<input type="checkbox"/> Approach Surveillance Control	HTDA HTZA HTKJ HTAR HTMW HTGW	
<input type="checkbox"/> Area Procedural Control	HTDA	
<input type="checkbox"/> Area Surveillance Control	HTDA	
<b>Attachments (Please tick an attachment which you have attached.)</b>		
<input type="checkbox"/> Class 3 medical certificate	<input type="checkbox"/> Validation report.	

<b><u>Declaration</u></b>		
I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct.		
NAME:	Signature:	Date:
<b>Station Verification (to be verified by the Civil Aviation Manager or Head of ATM at the Station)</b>		
Name:	Designation:	
Signature:	Date:	
<b>For official use only:</b>		
<b>Request: Approved/Not Approved/Applicant Advised</b>		
<b>Reason(s):</b>		
<b>Name of Inspector/Officer</b>		
<b>Signature</b>		
<b>Date</b>		