



Tanzania Civil Aviation Authority
Safety Regulation
Personnel Licensing

Revision: 2

TCAA- FRM-SR-PEL13

Recency Form for Renewal of Air Traffic
Control Licence

Page 1 of 2

| | | | | | |
|---|---------------------------------|---------------|----------------------|----------------------|-------------|
| *A | Preliminary Information: | | | | |
| 1 | Name of Applicant: | | | Age | |
| 2 | Name of Employer: | | Station: | | |
| ATC licence number | | | | Date of Issue: | |
| Latest Medical Certificate Details | | | | | |
| Class | | Date of Issue | Date of Expiry | | Name of AME |
| | | | | | |
| *B: Recency Records Indicate records of recency when exercising the privileges of validated ratings. (at least three shifts for each rating within the last six months) | | | | | |
| Aerodrome Control Rating | | | | | |
| | Station (e.g.) HTDA, | Date | Take Over Watch Time | Hand Over Watch Time | Remarks |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Approach Procedural Control Rating | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Approach Control Surveillance Rating | | | | | |
| SN | Station (e.g.) HTDA, | Date | Take Over Watch Time | Hand Over Watch Time | Remarks |
| 1. | | | | | |
| 2. | | | | | |

| | | |
|---|---|---|
|  | <p style="text-align: center;">Tanzania Civil Aviation Authority Safety Regulation Personnel Licensing</p> | <p style="text-align: right;">Revision: 2</p> |
| <p style="text-align: center;">TCAA- FRM-SR-PEL13</p> | <p style="text-align: center;">Recency Form for Renewal of Air Traffic Control Licence</p> | <p style="text-align: right;">Page 2 of 2</p> |

| | | | | | |
|----|--|--|--|--|--|
| 3. | | | | | |
|----|--|--|--|--|--|

Area Control Procedural Rating

| | | | | | |
|----|--|--|--|--|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Area Control Surveillance Rating

| | | | | | |
|----|--|--|--|--|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

***C: Declaration**

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: |
| | | |

***D: Station Verification (to be verified by CAM or In Charge/Head of ATM at the Station)**

| | |
|------------------------|---------------------|
| Name: | Designation: |
| Licence Number: | |
| Signature: | Date: |
| | Stamp: |

INSTRUCTIONS

1. Part A, B and C to be filled by Licence holder intending to renew the ATC licence
2. Part D to be filled by supervisor
3. All parts with (*) are mandatory