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|  | TANZANIA CIVIL AVIATION AUTHORITY SAFETY REGULATION PERSONNEL LICENSING | Revision: 2 Form |
| TCAA-FRM-SR-PEL065 | Title: Application for Issue/Renewal of Authorization for Designated ATC Practical Examiner | Page 1 of 1 |

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| | SECTION A: PRELIMINARY INFORMATION: | |
| 1 | Name of Examiner Applicant | |
| (i) | Postal Address: | |
| (ii) | Type of Licence held: | License Number: |
| (iii) | Licence valid until: | |
| (iv) | Place of Operation (Location): | |
| (v) | Nationality: | |
| (vi) | Date of Birth: | |
| (vii) | Email address/phone: | |
| 2 | SECTION B: ATC LICENSING DETAILS | |
| (i) | Ratings and Endorsements held (tick and specify unit): | |
| (ii) | <input type="checkbox"/> Aerodrome Control (ADC) | |
| (iii) | <input type="checkbox"/> Approach Control Procedural (APP) | |
| (iv) | <input type="checkbox"/> Approach Control Surveillance (APPS) | |
| (v) | <input type="checkbox"/> Area Control Procedural (ACC) | |
| (vi) | <input type="checkbox"/> Area Control Surveillance (ACCS) | |
| (vii) | Unit of operation: _____ | |
| 3 | SECTION C: EMPLOYMENT AND OPERATIONAL DETAILS | |
| (i) | Current Employer / ANSP: | |
| (ii) | Address of Employer: | |

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| (iii) | Duty Station / Unit: | |
| (iv) | Years of Active ATC Service: _____ Years | |
| 4 | SECTION D: TYPE OF EXAMINER APPLICATION (Tick as applicable) | |
| (i) | <input type="checkbox"/> | Initial application |
| (ii) | <input type="checkbox"/> | Renewal application |
| 5 | SECTION E: INSTRUCTIONAL EXPERIENCE (Tick as applicable) | |
| (i) | <input type="checkbox"/> | On-the-Job Training Instructor (OJTI) |
| (ii) | <input type="checkbox"/> | ATC Classroom Instructor |
| (iii) | <input type="checkbox"/> | Simulator Instructor |
| (iv) | Number of ATC Assessments/Skill Tests Conducted (Last 12 Months, if applicable) _____ | |
| 6 | SECTION G: ATTACHMENTS (Tick as applicable) | |
| (i) | <input type="checkbox"/> | Copy of valid ATC Licence |
| (ii) | <input type="checkbox"/> | OJTI certificate |
| (iii) | <input type="checkbox"/> | Refresher training certificates (if applicable) |
| (iv) | <input type="checkbox"/> | Previous examiner Authorization (if renewal) |
| 7 | DECLARATION | |
| | I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false declaration may result in the rejection of this application or withdrawal of examiner authorization. | |
| | Applicant Signature: | Date: |
| FOR OFFICIAL USE ONLY | | |

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| 8 | Received by (Officers /Inspector Name) | | Date |
| 9 | Application status: | Approved: <input type="checkbox"/> | Not Approved: <input type="checkbox"/> |
| 10 | Title | Contact: tcaa@tcaa.go.tz , pel@tcaa.go.tz , | |
| 11 | Signature | www.tcaa.go.tz | |