

## **APPLICATION FOR AN AIR TRAFFIC CONTROLLER CERTIFICATE**

Initial Issuance	eissuance			GACA Certificate No			
Renewal Organization :   Name:   Signature:							
TYPES OF CERTIFICATE:		ATCO			ATCO INSTRUCTOR		
RATING(S) REQUESTED:							
ATC AERO: Unit (      )      ATC APP R: Unit (      )      ATC ACC NR: Unit (      )        ATC APP NR: Unit (      )      ATC ACC R: Unit (      )      ENDORESMENT							
1. Application Identification			ganization cial Stamp				
A. NAME (First, Middle, Last)					РНОТО		P
B. Saudi ID/Residency Permit No. Passport No.					White background with head uncover		
C. Date of Birth ( dd / mm / yyyy ) / /	D. Height (Cm.)		E. Weight (Kgs.)	PERMANENT MAILING A L. (P.O. Including Postal Code			
F. HAIR G. EYES	Н. 5	SEX	I. NA	TIONALITY :			
J. PLACE OF BIRTH K. MOBILE NUMBER					M. Email :		
N. English Language Proceiency Level :							
O. Have you ever had an Airman certificate suspended or revoked?							
3. Applicant's Certification							
I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any GACA certificate to me. I understand that wilful false statements made on this form my result in legal action under the laws of the Kingdom of Saudi Arabia. I certify that copies of documents provided are true copies of original documents which I have reviewed.							
	Applicant's Signature						
4. INTRUCTOR SHOULD COMPLETE THIS SECTION:							
List of Attachments		Initial	Check	List of Attachments		Initial	Check
1- Copy of Saudi Arabian GACA Ai Certificate (if applicable).	rman			6- Copy of a valid pass	sport.		
2- Copy of ELP Certificate.			7- Personal Digital Photo				
3- Copy of official receipt showing p fee (if applicable).			8- Copy of most recent Proficiency Check (if applicable).				
4- Copy of Saudi National ID card / permit			9-Evidence of Required Training.				
5- Copy of Medical Certificate.			10- Digital Signature ( Signature Form).	Authorized GACA			
Recommending Supervisor:	Signature:			Date:			
Issued by:				Date:			
Received by:	Signature:			Date:			
5. Inspector / Examiner's Record							
APPROVED    DISAPPROVED							
REMARKS							
DATE	INSPECTOR / EXAMINER NAME & ID NO.				SIGNATURE		