THE GAMBIA CIVIL AVIATION AUTHORITY
BANJUL INTERNATIONAL AIRPORT
P.O. BOX 285
BANJUL, THE GAMBIA

APPLICATION FOR AN AIR TRAFFIC CONTROLLER'S LICENCE

☐ INITIAL ISSUE ☐ RENEWAL

1. NAME (Mr/Mrs/Ms):……..……
(Last) (First) (Middle)

2. ADDRESS AND CONTACT DETAILS:……..

……..

……..

3. DATE OF BIRTH:……NATIONALITY:……..……..

4. DATE OF MEDICAL ASSESSMENT:……. CLASS:……
(PLEASE ATTACH MEDICAL CERTIFICATE)

5. RATINGS: ☐ AERODROME ☐ APPROACH ☐ AREA ☐ RADAR

6. DATE OF LAST COMPETENCY CHECK:……..

7. TOTAL HOURS OF WATCH AT AERODROME(S) DURING LAST 90 DAYS: ……

……HRS

I HEREBY DECLARE THAT THE STATEMENTS I HAVE MADE ABOVE ARE, TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

…… ……..
DATE OF APPLICATION **APPLICANT'S SIGNATURE**

☐ **ENDORSED** ☐ **NOT ENDORSED**

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…… ……..

DATE **SIGNATURE, ATS MANAGER**

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