



Application for Amendment to an Air Traffic Service Licence

Applicant's Specimen Signature

1. Personal Details

MCAA Client / Licence Number <i>(if known)</i>						Date of Birth <i>(DD-MMM-YYYY)</i>
Title <i>(Mr/Mrs/Ms/Miss)</i>				Last Name		
Given Name(s)						
Country of Birth				Nationality		
Address for Service - <i>Applicants have to provide an address for service in Mongolia (i.e. a physical address) and to promptly notify the Director of any changes.</i>						
Tel				Mob		
Fax				Email		
Postal Address <i>(if different from Address for Service)</i>						
Tel				Mob		
Fax				Email		

2. Amendment Requested

<i>Please tick the rating type(s) or endorsement.</i> <i>You must include your Air Traffic Services Licence and a photocopy of logbook page showing ATS Examiner Certification of Competence.</i>	Aerodrome Control	<input type="checkbox"/>	Oceanic Air-Ground	<input type="checkbox"/>
	Approach Control Procedural	<input type="checkbox"/>	Area Flight Information	<input type="checkbox"/>
	Approach Control Surveillance	<input type="checkbox"/>	Aviation English Language Proficiency Assessment	<input type="checkbox"/>
	Area Control Procedural	<input type="checkbox"/>		
	Area Control Surveillance	<input type="checkbox"/>		
	Aerodrome Flight Information	<input type="checkbox"/>		
Aviation English Language Proficiency Assessment Credit <i>- refer to CAA web site and AC65.1 for further info. - Link to information on CAA web site and Link to AC65-1</i>				

CAA USE ONLY

Receipt No.	Receipt Date	W/R No.

Name _____ CAA ID _____

3. Fee

Amendment Fee <i>Unless the full fees are paid, applications will not be processed.</i>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date
	Name on Card		
	Card Number		
DO NOT SEND CASH. Please fill in credit card details.			

4. Declaration

<i>The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under the Civil Aviation Act.</i>	I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.		
	Consent to Disclosure & Collection I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements. I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act, or other such purpose permitted by law.		
Applicant's Signature		Date	

5. Applicant's Check List

<i>Please ensure all documents are enclosed.</i> <i>Applications which are incomplete or lacking any required documents will be returned.</i>	1. Air Traffic Services Licence	<input type="checkbox"/>
	2. Photocopy of logbook page showing ATS Examiner Certification of Competence	<input type="checkbox"/>
	3. Name and ID completed at top of page 2 and 3	<input type="checkbox"/>
	4. Specimen Signature at top of page 1	<input type="checkbox"/>
	5. Fee	<input type="checkbox"/>
	6. Aviation English Language Proficiency Assessment Credit (refer Section 2)	<input type="checkbox"/>

Post this form to: PEL, Civil Aviation Authority, P.O - 34, Box - 6, Ulaanbaatar 17120, Mongolia