



Application for ATS Examiner Test Conducted by CAA

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. Test Applied For

<i>Please indicate ATS Examiner test applied for.</i>	ATS Examiner Rating issue <input type="checkbox"/>	ATS Examiner Rating renewal <input type="checkbox"/>
	I request a CAA ATS Examiner test at _____ (Tower/Centre/Simulator) _____	
<i>Please indicate ATS Examiner assessment privileges sought.</i>	Air traffic controller licence issue <input type="checkbox"/>	Flight service operator licence issue <input type="checkbox"/>
	Aerodrome control rating issue <input type="checkbox"/>	Oceanic air-ground rating issue <input type="checkbox"/>
	Approach control procedural rating issue <input type="checkbox"/>	Aerodrome flight information rating issue <input type="checkbox"/>
	Approach control surveillance rating issue <input type="checkbox"/>	Area flight information rating issue <input type="checkbox"/>
	Area control procedural rating issue <input type="checkbox"/>	Air traffic service instructor rating issue (on job training) <input type="checkbox"/>
	Area control surveillance rating issue <input type="checkbox"/>	Air traffic service instructor rating issue (check) <input type="checkbox"/>
		Air traffic service instructor rating renewal (check) <input type="checkbox"/>

3. Fees

Fees will be invoiced. The CAA Standard Rate hourly charge applies.

Post this form to:

PEL, Civil Aviation Authority, PO - 34, Box - 6, Ulaanbaatar 17120 , Mongolia

CAA USE ONLY

Receipt No.	Receipt Date	W/R No.