



Applicant's Specimen Signature

Application for Issue of Air Traffic Service Licence or Prime Rating

A completed Fit and Proper Person Questionnaire, form [CAA 24FPP](#) or CAA 24FPPDEC, is required with this application. Refer to the 24FPP form for guidance on the appropriate form to be used.

1. Personal Details

CAA Client / Licence Number <i>(if known)</i>				Date of Birth <i>(dd/mm/yy)</i>					
Title <i>(Mr/Mrs/Ms/Miss)</i>			Surname						
Given Name(s)									
Country of Birth				Nationality					
Address for Service - <i>Civil Aviation Act, s8, requires applicants to provide an address for service in Vanuatu (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. Licence Applied For

<i>Please tick appropriate box.</i>	Flight Service Trainee Licence (ATSFSTL)	<input type="checkbox"/>	Air Traffic Trainee Licence (ATSATTL)	<input type="checkbox"/>
	Flight Service Operator Licence (ATSF SOL)	<input type="checkbox"/>	Air Traffic Controller Licence (ATSATCL)	<input type="checkbox"/>

3. Rating Applied For

<i>Please tick appropriate box.</i>	Air Traffic Service Instructor Rating (ATSATIR)	<input type="checkbox"/>	Air Traffic Service Examiner Rating (ATSATER)	<input type="checkbox"/>
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CAA USE ONLY

Receipt No.	Receipt Date	T/R No.

4. Documents Required

<p>Where required, enclose photocopies of the following items.</p> <p>Please tick to indicate items enclosed.</p> <p>Note: When making application for a FSOL, ATCL, ATS Instructor or ATS Examiner, include FSTL or FSOL or ATCL or ATTL document with the above items.</p>	For Licence Issue – FSTL, FSOL, ATTL & ATCL	
	Completed Competency Test Report or ATS Licensing & Rating application form. (FSOL & ATCL only) <input type="checkbox"/>	Exam Credits (FSOL & ATCL only) <input type="checkbox"/>
	Current Medical Certificate <input type="checkbox"/>	Flight Radio Telephone Operator Rating <input type="checkbox"/>
	Evidence that required training has been satisfactorily completed at either a Part 141 or Part 172 organisation <input type="checkbox"/>	Aviation English Language Proficiency Assessment Credit (FSOL & ATCL only) <input type="checkbox"/>
	Aviation English Language Proficiency Assessment Credit - refer to CAA website and AC65.1 for further info.	
	For ATS Instructor and Examiner Ratings	
	Completed Competency Test Report <input type="checkbox"/>	Proof of experience <input type="checkbox"/>
Evidence that required instructor/examiner training has been satisfactorily completed at either a Part 141 or a Part 172 organisation <input type="checkbox"/>		

5. Declaration

<p>The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 59 of the Civil Aviation Act 1999 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding VT400,000.</p>	<p>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.</p>		
	<p>Consent to Disclosure & Collection</p> <p>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.</p> <p>I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1999, or other such purpose permitted by law.</p>		
	Applicant's Signature		Date

6. Applicant's Check List

<p>Please ensure all documents are enclosed.</p> <p>Applications which are incomplete or lacking any required documents will be returned.</p>	1. All applicable documents required in section 4. <input type="checkbox"/>
	2. Fee <input type="checkbox"/>
	3. Name and ID completed at top of page 2 <input type="checkbox"/>
	4. Specimen Signature at top of page 1 <input type="checkbox"/>
	5. Fit and Proper Person Questionnaire – either 24FPP or 24FPPDEC <input type="checkbox"/>

Scan this form and email to madeleine.civav@vanuatu.com.vu

OR civav@vanuatu.com.vu , or post to Civil Aviation Authority, PMB

9068, Port Vila, Vanuatu

Name _____ CAA ID _____