



Version No. 4

Issue Date: 11 June 2015

Form No. RPPL.180.C

**AERODROME FLIGHT INFORMATION  
SERVICE OFFICER LICENSING**

IF HELD , STATE YOUR AERODROME FLIGHT INFORMATION SERVICE OFFICER LICENCE NUMBER

.....

READ instructions BEFORE attempting to complete form.

APPLICATION FOR:

Aerodrome Flight Information Service Officer Licence

**INSTRUCTIONS FOR USE**

- 1, Please complete in BLOCK CAPITALS
- 2, Fill in the relevant SECTIONS with text or ✓

- Additional Aerodrome ( s )
- Cancellation of Aerodrome ( s )
- Change of Personal Details

Please ensure you Complete the CORRECT Sections as detailed above

**1a PERSONAL DETAILS**

Surname.....

Forename ( s ) .....

Date of Birth ( dd/mm/yy )

Nationality

Place of Birth

...../...../.....

.....

.....

Permanent Address.....  
.....

Postcode

Country

Email

.....

.....

.....

Home Telephone No.

Mobile Telephone No.

Fax No.

.....

.....

.....

**1b UNIT DETAILS**

Unit Name ..... 4-Letter ICAO Locator .....  
( If applicable )

Unit Address.....  
..... Unit Telephone No. ....

**2 INITIAL TRAINING**

Course Number ..... Dates of Course ...../...../..... to ...../...../.....  
Name of training establishment attended .....  
Was the course completed successfully .....

**3 CANCELLATION OF  
AERODROME ( S )**

Indicate in section 5 which Aerodrome ( s ) are to be cancelled

**4 APPLICATION FOR  
AERODROME ( S )**

Indicate in section 5 which Aerodrome ( s ) are being applied for

**5 AERODROME ( S )**

Name of the Aerodrome.....  
.....  
ICAO Indicator.....

**6 TRAINING / ASSESSMENT OF COMPETENCE**

The applicant has successfully completed the approved training plan and has been assessed as competent to provide the AFISO service( s ) indicated in section 5 and has demonstrated the ability to speak English without accent or impediment which would adversely affect radio communications.

Authorised Signature	Initials and Surname	Position	Date
.....	.....	.....	.....

**7 DECLARATION BY APPLICANT**

I am 18 years or older and I hold a valid Class 2 medical certificate. I hereby declare that I have carefully considered the statements made in this document and that to my best belief they are correct.

Date..... Signature.....

**8 CHARGES ( Refer to references as appropriate ) . I enclose the remittance of.....**

**9 NOTES TO APPLICANTS**

1. Information on the AFISO licence and guidance on applications is available in the Personnel Licensing Advisory Memorandum No. 04 - 10.
2. The application form must be completed in full. Queries relating to completion on the form should be directed to the address below.
3. When completed the application form should be returned with the appropriate remittance of application to:

The IAA Licensing Dept.,  
The Times Building,  
11—12 D 'Olier Street,  
Dublin 2  
Ireland.

Tel: 01 603 1500  
Email : atc.licensing@iaa.ie