



Form. No.: RPPL.F.180

Version No.: 10.0

Issue Date: 30/01/2019

SAFETY REGULATION DIVISION
POLICY AND PROCEDURES

Title: APPLICATION FORM FOR THE INITIAL ISSUE, REVALIDATION, RENEWAL AND/OR EXCHANGE OF STUDENT AND AIR TRAFFIC CONTROLLER LICENCES, RATINGS AND ENDORSEMENTS

Instructions on how to fill out this form, with payment methods, are on page 4.

Part A: APPLICANT'S DETAILS			
Name: <i>(Print)</i>			
Permanent home address: <i>(Print)</i>			
Date of birth <i>(dd/mm/yyyy)</i>			
Place of birth (Country)			
Nationality			
Tel/ Mobile:		E-mail address:	
Student / ATCO LICENCE DETAILS:			
Irish Licence Serial No:	IRL/AC/ _ _ _ _	Other State Licence No:	_ _ _ _ _
<i>Note - If the licence is to be posted to a different address than the one above (e.g. the ANSP where the licence holder works) please fill in hereunder</i>			
Name of Contact person <i>(Print)</i> :			
Address details <i>(Print)</i> :			
Part B: APPLICATION FOR <small>(Tick the relevant boxes)</small>			
<input type="checkbox"/> Issue of Student ATCO Licence, rating(s) and rating endorsements) (Part A, B, C, D and F of this form)			
<input type="checkbox"/> Language endorsement(s) ONLY (Part A, B, C (2), D and F of this form)			
<input type="checkbox"/> Issue of ATCO Licence, rating(s) and rating endorsement(s) (Part A, B, C, D, E and F of this form)			
<input type="checkbox"/> Revalidation of ATCO Licence rating, endorsements (Part A, B, C, D, E and F of this form)			
<input type="checkbox"/> Renewal of ATCO Licence rating, endorsements (Part A, B, C, D, E and F of this form)			
<input type="checkbox"/> Exchange of Student/ATCO Licence rating, endorsements (Part A, B, C, D and F of this form)			



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Part C (1): RATING / ENDORSEMENT / UNIT SECTOR or WORKING POSITION: (Insert where required and tick only the relevant boxes. Student licence applications need only tick relevant Rating and Endorsement boxes)			
RATING	RATING ENDORSEMENT	UNIT	
<input type="checkbox"/> ADI Aerodrome Control Instrument	<input type="checkbox"/> TWR -Tower Control (if you perform Air/ Ground combined) <input type="checkbox"/> AIR -Air Control <input type="checkbox"/> RAD -Aerodrome Radar <input type="checkbox"/> GMC -Ground Movement control <input type="checkbox"/> GMS -Ground Movement Surveillance	<input type="checkbox"/> EIDW <input type="checkbox"/> EICK <input type="checkbox"/> EINN	<input type="checkbox"/> EIDL <input type="checkbox"/> EIKN <input type="checkbox"/> EIKY <input type="checkbox"/> EISG <input type="checkbox"/> EIWF <input type="checkbox"/> EIWT
<input type="checkbox"/> APP Approach Control Procedural	N/A	<input type="checkbox"/> EIDL <input type="checkbox"/> EIKN <input type="checkbox"/> EIKY	<input type="checkbox"/> EISG <input type="checkbox"/> EIWF
<input type="checkbox"/> APS Approach Control Surveillance	<input type="checkbox"/> TCL - Terminal Control <input type="checkbox"/> ADS - Automatic Dependent Surveillance	<input type="checkbox"/> EIDW <input type="checkbox"/> EICK <input type="checkbox"/> EINN	
<input type="checkbox"/> ACS Area Control Surveillance	<input type="checkbox"/> TCL - Terminal Control <input type="checkbox"/> ADS - Automatic Dependent Surveillance	<input type="checkbox"/> EIDW	<input type="checkbox"/> EICK
		<input type="checkbox"/> EINN UAC	<input type="checkbox"/> EINN LAC
		<input type="checkbox"/> EINN HAL (if combining high and Low)	

Part C (2): Licence endorsements (Tick the relevant boxes)				
	OJTI	STDI	ASSESSOR	English Language Proficiency
Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 4 <input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 5 <input type="checkbox"/>
Revalidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Level 6 <input type="checkbox"/>



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Part D: Declaration by Applicant. (*delete as appropriate)

I hereby:

1. apply for the issue*/revalidation*/renewal*/exchange* of Student*/ ATCO* Licence, ratings and/or endorsements as indicated;
2. confirm that the information contained herein is correct at the time of the application;
3. confirm that I am not holding any (Student) ATCO Licence issued in another Member State (except for exchange);
4. confirm that I have not applied for any (Student) ATCO Licence in another Member State (except for exchange); and
5. confirm that I have never held a (Student) ATCO Licence issued in another Member State which has been revoked or suspended in any other Member State.

I understand that any incorrect information provided herein could prohibit me from holding a (Student) ATCO Licence.

Name: (Print) _____ Signature: _____

Date (DD/MM/YYYY): _____

Part E: Declaration by Responsible Position Holder of an ANSP (tick one or the other as appropriate)

For a new unit rating and rating endorsement (under UTP):

The applicant has completed training as per the Unit Training Plan (UTP) and successfully passed the appropriate examinations and assessments relevant to the Unit rating, and where applicable Unit rating endorsement, and in accordance with the requirements of Commission Regulation (EU) 2015 / 340.

For a licence Unit rating and rating endorsement revalidation (under UCS):

The applicant **(1)** has been exercising the privileges of the licence for a minimum number of hours as defined in the unit competence scheme; **and (2)** has undertaken refresher training within the validity period of the unit endorsement according to the unit competence scheme; **and (3)** has had their competence assessed and they meet the requirements of Commission Regulation (EU) 2015 / 340 and the Unit Competence Scheme (UCS).

I understand that any incorrect information provided herein could prohibit a (Student) ATCO from holding a (Student) ATCO Licence.

Name: (Print) _____ Signature: _____

Date (DD/MM/YYYY): _____

Part F: Certificates/Documents

Please enclose all relevant certificates and/or documents and tick as appropriate:

- | | |
|--|--|
| <p>1. Copy of Student ATCO Licence, if applicable <input type="checkbox"/></p> <p>2. Copy of passport or other national ID, if not previously submitted <input type="checkbox"/></p> <p>3. Copy of medical certificate: <input type="checkbox"/></p> <p>4. Copy of language proficiency certificate(s): <input type="checkbox"/></p> <p>5. Copy of competence assessment form: <input type="checkbox"/></p> <p>6. Exchange of licence;</p> <p>i. RPPL-F-180A Verification of ATC license and request to transfer associated medical records <input type="checkbox"/></p> | <p>7. Copy of relevant training certificate/assessment documents proving the successful completion of:</p> <p>(a) Initial training (integrated certificate) or <input type="checkbox"/></p> <p>1) Basic training <input type="checkbox"/></p> <p>2) Rating training <input type="checkbox"/></p> <p>(b) Unit Rating training <input type="checkbox"/></p> <p>(c) OJTI instructor training <input type="checkbox"/></p> <p>(d) STDI instructor training <input type="checkbox"/></p> <p>(e) Assessor training <input type="checkbox"/></p> <p>(f) Refresher training <input type="checkbox"/></p> |
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Payment details *(Full details of fees charged/ levied by the IAA are published in the IAA Fees Order)*

I am paying by:- CREDIT / DEBIT CARD CHEQUE POSTAL ORDER

Please make cheques payable to 'Irish Aviation Authority'. - PLEASE DO NOT SEND CASH -

Please note that we do not accept AMERICAN EXPRESS or DINERS CARD.

If paying by credit or debit card please complete the information required below (in block capitals).

Note: All card details are destroyed upon completion of the transaction.

Name of Card holder (as stated on the card):

Card Number:

Valid __/__/__

Expiry __/__/__

Security Code (last 3 digits on signature strip on reverse of card) __/__/__

Contact Details *(When completed send this form and accompanying certificates / documents to)*

The IAA Licensing Dept.

The Times Building,

11-12 D'Olier St,

Dublin 2

Ireland

Telephone: +353 (0)16031500

E-mail: atc.licensing@iaa.ie

Instructions

1. Read the form thoroughly and complete the appropriate Parts only.
2. Complete by handwriting in BLOCK CAPITALS where required and tick boxes where indicated.
3. All submissions are required to be signed by the individual applicant at Part D and accountable person of an organisation at Part E.
4. Ensure correct certificates/documents accompany this application and Part F is ticked appropriately.
5. For exchange of Member State licence, the following is also required: SRD RPPL-F-180A form 'Verification of ATC license and request to transfer associated medical records'. SRD may require a confirmation letter from an ANSP of Unit training offer.
6. Submit this form and certificates/documents either electronically to atc.licensing@iaa.ie or by post to the address at Part 'Contact Details' hereafter.
7. When making payment please fill in the Part 'Payment Details' on this page above.
8. The administration process requires 15 working days from receipt of a completed application form with the correct documentation. This period may take longer if the application form has been filled in incorrectly and/or the full documentation to accompany the application has not been submitted or is incorrect.
9. **The licence office reserve the right to return applications which are incorrect and to which the applicant will be required to resubmit in full.**