

# AIR TRAFFIC CONTROLLER TRAINING

This form is intended for use by CAA Certified ATC Training Organisations to provide information on specific courses and assessments to CAA ATS Licensing Assessment. This includes all Initial Training courses, Practical Instructor and Assessor Training courses (not refresher), National Adapted Unit Endorsement Courses (UEC's), and Assessments of Previous Competence (APC).

**Initial Notification** - Section A and columns 1, 2 and 3 of Section B are to be completed and a scanned copy sent to ATS Licensing Assessment, at [ats.licensing@caa.co.uk](mailto:ats.licensing@caa.co.uk) at least 3 weeks prior to the start date of the course or assessment. **Include course name and number in the email subject line.**

**Final notification** - After the course, columns 4, 5 and 6 of Section B and Section C are to be completed and the form must be sent to ATS Licensing as above, within 2 weeks of the end date of the course or assessment.

## FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine and on conviction on indictment with an unlimited fine, imprisonment or both

## SECTION A: RATING COURSE DETAILS

Name of Training Organisation: .....

Title of Approved Training Course: .....

Course Reference Number: .....

Start Date of Course: ..... End Date of Course: .....

## SECTION B: COURSE ATTENDEE DETAILS

**Note: Columns 1 to 3 should be completed in advance of the course. Columns 4 to 6 are to be completed after the course has finished.**

1 Surname	2 Forenames	3 ATC Licence Number/CAA Medical Number <sup>1</sup>	4 Satisfactory (S) Unsatisfactory (U)	5 English Language Proficiency <sup>2</sup>	6 Comment (if any)

1. If Licence Number or Medical Number unknown, please insert attendee's date of birth.

2. Insert Level of English Language Proficiency awarded in accordance with the ICAO Language Proficiency Rating Scale. This is only required for individuals attending their first rating training course.

**SECTION B CONTINUED: COURSE ATTENDEE DETAILS**

**Note: Columns 1 to 3 should be completed in advance of the course. Columns 4 to 6 are to be completed after the course has finished.**

<b>1 Surname</b>	<b>2 Forenames</b>	<b>3 ATC Licence Number/CAA Medical Number<sup>1</sup></b>	<b>4 Satisfactory (S) Unsatisfactory (U)</b>	<b>5 English Language Proficiency<sup>2</sup></b>	<b>6 Comment (if any)</b>

1. If Licence Number or Medical Number unknown, please insert attendee's date of birth.
2. Insert Level of English Language Proficiency awarded in accordance with the ICAO Language Proficiency Rating Scale. This is only required for individuals attending their first rating training course.

**SECTION C: DECLARATION BY TRAINING ORGANISATION**

I hereby declare that the above results are correct.

Signature: .....

Date: .....

Name: .....

Position: .....

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