



APPLICATION FOR THE AIR LAW AND OPERATIONAL PROCEDURES EXAMINATIONS

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT

It is an offence 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.

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1. APPLICANT DETAILS	To be comp	leted by the Applicant	
Title: Forename:	Surname:		
Date of birth (dd/mm/yyyy):	Nationality:		
Town of birth:	Country of birth:		
Permanent Address:			
	Postcode:		
Telephone:	Mobile telephone:		
E-mail:			
2. ATO/OPERATOR DETAILS	To be completed	l by the ATO/Operator	
Name:	Number:		
Postal Address:			
	Postcode:		
Telephone:	Mobile telephone:		
E-mail:			
3. TRAININGS, EXAMINATIONS AND	D TESTS To be completed	by the ATO/Operator	
I certify that (name)training and has the required knowledge of	•	y completed a course of	
Signature (Head of Training):	Date:		
4. DECLARATION OF APPLICANT		pleted by the Applicant	
I declare that the information provided on	this form is correct		
Name:	Signature:	Date:	

Documents to be submitted	
A copy of national ID card or Passport	
Copy of the Payment receipt	