

#### LICENSING AND TECHNICAL RECORDS FLIGHT DISPATCHER APPLICATION FORM

### Check All Applicable Boxes

Initial Application

□ Additional Rating □ Renewal

**1. General** (*To be completed by all Applicants*)

APPLICANT INFORMATION					
Surname	First Name	Middle Name	_		
Mailing Address		Date of Birth			
Mobile Phone	Home Phone	Other Phone	_		
Address for Insertion in License					
Name of Employer	Employer Telephone				
Employer Address					

### 2. Licence Details (To be completed only if already a License Holder as necessary)

Name of Issuing Authority	
Licence Number	Expiry Date
Rating(s) currently held	
Additional Privileges Requested	
Aircraft Manufacturer/Model	
Renewal	
Date of Last Flight Release made by you under Licence_	
Foreign Validation	
Name of Issuing Authority	
Licence Number	Expiry Date
Rating(s)/Priviledges	

# 3. Training (To be completed by Initial or Additional Rating Applicant)

Name of Institutio	n Dates		Diploma/Certificate (Copy Provided)	
	From	То		
	From	То		
Observer Seat Experience				
Flight Number	From	То	Date	



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## 4. **Operational Experience** (*To be completed by all Applicants*)

Initial Issue or Additional Type (summarise experience and show flights done under supervision) Renewal (summarise experience obtained since last Application only)

Aircraft Type	Supervised By (For Initial/Additional)	As Duty Dispatcher (For Renewal)	Applicable Dates	Confirmation Signature**
	Name		From	
	Licence No		То	Licence No
	Name		From	
	Licence No		То	Licence No
	Name		From	
	Licence No		То	Licence No
	Name		From	
	Licence No		То	Licence No

\*\*The following Certification Statement applies to all above Confirmation Signatures "I hereby certify that the person whose signature appears below has the skill, work experience and training specified for the holder of a Flight Dispatcher Licence and that the information given on this page is correct to the best of my knowledge"

## **Applicant's Declaration**

I hereby by certify that all particulars given are true in every respect and that I do not use any controlled substances (drugs such as marijuana or cocaine), nor do I have any intention of doing so. The enclosed of \_\_\_\_\_\_ is in accordance with the latest Scale of Charges and I agree to be responsible for the payment of any other charges relating to this application.

Signature:

Date:\_

FOR OFFICIAL USE ONLY					
Application Received (date) Method of Payment		Fee Paid			
Approved Reason (if Disapproved)		Disapproved			
Inspector's Name Date:	Signature_				