

A. APPLICANT'S DETAILS



Liberté Égalité Fraternité

## **ATCO licence exchange application form**

1 . Family name(s)		
2. Common name		
3. First name(s)		
4. Date of birth		
5. Place of birth		
6. Nationality		
7. Adress of licence holder		
8. Phone/Mobile		
9. E-mail		
B. LICENCE DETAILS		
1. Licence n°		
2. Date of first issue		
3. Issuing Authority		
4. State of Issue		
5. Address of the Authority		
6. E-mail		
7. Current Licence Status	☐ Student ATCO ☐ inactive ☐ suspended	□ ATCO □ active □ revoked
8. Licensing actions	Action:  none suspension revocation other	From – to : n/a

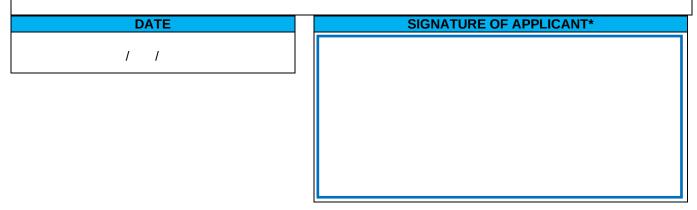
Rating(s):	First Issue :		Rating Endorsement(s):		First issue :
□ ADC			□ SUR	5):	
□ APS			□ PAR		
LI APS			□ SRA		
□ APP			n/a		T
□ ACP			□ OCN		
□ ACS		T	□ OCN	1	
Unit endorsement(s):		Unit		Valid u	intii :
Licence endorsement(s)	:	Endorsement :		Valid u	intil :
		□ОЈТІ			
		□ STDI			
		☐ ASSESSOR			
0 100110150015001			_		
C. APPLICATION FOR LA					Lyger er
Language endorsement(s):	Langua		Level :		Valid until :
	□ Engl	lish			
	□ Fren	nch	<b>4 5 6</b>		
	□ Othe	er:	<b>4 5 6</b>		
D. DETAILS OF THE MED	NCAL CE	DTIFICATE			
	ICAL CE	HIFICATE			
Issuing Authority					
State of Issue					
Class					
Medical Certificate :		Status		Valid u	ntil·
modical Continuato .		□ valid		Valid di	
		□ expired			
		п схріїса			
E EMPLOYEDIC DETAIL	<u> </u>				
E. EMPLOYER'S DETAILS  1. Name	3				
1. Name					
2. Address				-	

## F. SIGNATURE

I wish to apply for initial / amendment / renewal of my ATC licence as indicated before and confirm that the information contained in this form was correct at the time of application. I herewith confirm that i am not holding an ATC licence issued by another Member State;

I herewith confirm that I apply for France to become the state of licence issue for my licence and accept that the DSAC will verify with the present issuing authority my personal and licensing data.

I understand the conditions necessary to exercise the privileges of the licence and I also understand that any incorrect information could disqualify me from holding an ATC licence in accordance with the relevant regulatory requirements.



\* The signature, in medium black felt-tip pen, must not go beyond the box above!

## G. PROCEDURE

The licence exchange request shall include the following items:

- The applicant's licence, including all qualifications, endorsements and associated endorsements,
- A copy of an identity document,
- A valid class 3 medical certificate,
- The completed licence application form, including the applicant's signature,
- The minimum ICAO level 4 FR language proficiency certificate.

The application form and all the documents requested should be sent to : Direction Générale de l'Aviation Civile

DSAC/ANA/PNA

50 rue Henry Farman

75720 PARIS Cédex 15

Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application and issuance of the new license.

This application does not constitute a request for transfer of the medical file. Please contact the French authority's medical assessor.