

Notification and Record of Revalidation of an ATCO Unit Endorsement (EASA L63, ANNEX I, PART ATCO).

Please complete this form electronically then print, sign and submit to PEL Office.
Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink and submit to PEL Office.
Please read the attached guidance notes before completing the form.

FALSE REPRESENTATION STATEMENT

It is an offence under regulation 84. (c)(1) of the Civil Aviation (Safety) Regulations, 2017 to make false representation for procuring for him/herself or another person, a grant, an issue, a renewal or a variation of a certificate, licence, approval, permission, exemption, authorisation or any other document. Under regulation 99. (4), any person who commits an offence shall be liable to imprisonment not exceeding two years or to a fine of SR200,000.00 or both.

1. PERSONAL DETAILS (To be completed by applicant as shown on passport)

ATCO Licence Number Medical Certificate expiry date:

Title: Surname: Forename(s):

Telephone Numbers: Home: Office: Mobile:

Email:

Applicant Address:

2. REVALIDATION ASSESSMENT(S) OF THE FOLLOWING UNIT ENDORSEMENTS HAVE BEEN COMPLETED (To be completed by the assessor)

Date UCS completed (dd/mm/yyyy):

Sector/Position/Rating/Endorsement	Date of revalidation assessment (dd/mm/yyyy)	Endorsement expiry date entered on the licence. dd/mm/yyyy)	Assessor Name (Print)
.....
.....
.....
.....
.....

Assessment remarks (Where the outcome of the assessment is 'FAIL', the assessor is to record reasons for the decision):

Practical:

Oral:

3. DECLARATION BY ASSESSORS

By completing and signing this form the signatories below confirm that the licence holder identified above satisfies all the requirements for the revalidation of unit endorsement(s) as required by EASA L63, ANNEX I, PART ATCO.

Surname: Name:

ATCO Licence Number: Signature:

Surname: Name:

ATCO Licence Number: Signature:

4. DECLARATION BY APPLICANT

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

Name of applicant:

Signature of applicant: Date:

5. SUBMISSION INSTRUCTIONS

After completion, this form shall be submitted together with a copy of the updated Unit Endorsement revalidation page of the ATCO licence to:

Personnel Licensing Office
Safety & Security Regulation Department
Seychelles Civil Aviation Authority
P.O. Box 181

Telephone Enquiries: +248 4384271
E-mail: PEL@scaa.sc

Notification and Record of Revalidation of an ATCO Unit Endorsement

Guidance on completion of FORM SSR ATCL 1763/I-G.

General

This form is used to notify the PEL Office of the outcome of an ATCO licence Unit Endorsement revalidation assessment. The form may be used to notify up to five Unit Endorsement revalidation assessments.

Section 1 Personal Details

To maintain consistency of personal detail records please ensure the details entered match that on the applicant's passport. The Applicants Permanent Address must be the applying ATCO's address not the unit's address.

Section 2. Revalidation of the assessment(s) of the following unit endorsement(s) have been completed

Enter clearly the rating and rating endorsement, including sector and position if applicable, for which the revalidation assessment has been undertaken under the appropriate heading.

Enter the date that the revalidation assessment was conducted under the appropriate heading.

Enter the expiry date of the revalidated unit endorsement entered on the ATCO Licence under the appropriate heading.

Note 1: If the ATCO fails the revalidation assessment leave this space blank.

Note 2: In accordance with ATCO.B.020 of PART ATCO the expiry date is dependent on when the assessment was carried out i.e. if the assessment was carried out in the three months prior to the expiry date the validity period of the revalidated unit endorsement will be counted from the expiry date. If the assessment was carried out before this date, the validity period of the revalidated unit endorsement shall start not later than 30 days after the unit endorsement revalidation assessment.

The assessor is to print their name under the appropriate heading.

Assessment results. Notes on the quality of the assessment. If the ATCO fails the assessment record here the rational for this decision.

Section 3. Declaration by the assessors

The assessors are to sign this section and enter their licence details.

Note: By completing and signing this form the signatories confirm that the licence holder who has been assessed satisfies all the requirements for the revalidation of unit endorsement(s) as required by ATCO.B.020 of PART ATCO. This includes the following:

- (1) The applicant has been exercising the privileges of the licence for a minimum number of hours as defined in the unit competence scheme;
- (2) The applicant has undertaken refresher training within the validity period of the unit endorsement according to the unit competence scheme;
- (3) The applicant's competence has been assessed in accordance with the unit competence scheme.

Section 4 Declaration by Applicant

This section must be completed by the applicant.