

DUPLICATE AIR TRAFFIC CONTROLLER LICENCE APPLICATION

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

1. PERSONAL DETAILS	
SCAA Reference Number (if known) <input style="width: 100px; height: 20px;" type="text"/>	Licence Number <input style="width: 100px; height: 20px;" type="text"/>
Title:	
Surname: Forename(s):	
Date of Birth (dd/mm/yyyy): Nationality:	
Place of Birth: Country of Birth:	
Permanent Address: Country:	
Postal Address: (normally unit address) Country:	
Telephone Numbers: Home: Office:	
Date of last Medical assessment:	

3) CIRCUMSTANCES OF LOSS
Describe here, as fully as possible, the circumstances of loss of your licence: Date of loss:
What enquiries have been made and where? If loss was reported to the police At which Police Station was the report made?

3. SCAA USE ONLY	
Date:	
Application	Dispatch: Licence(s)
Prepared by: Date:	To
Signed by: Date:	

4. DECLARATION

I declare that the information provided on this form is correct

Name:

Signature:

Date:

Part 18, regulation 84 (2) (c) of the Civil Aviation (Safety) Regulations, 2017 stipulates that a person shall not make false representation for the purpose of procuring himself or another person, a grant, an issue, a renewal or a variation of a certificate, licence, approval, permission, exemption, authorisation or any other document.

5. SUBMISSION INSTRUCTIONS

Send your completed application form, police report and statement to:

Personnel Licensing Office
Safety Regulation Division,
Seychelles Civil Aviation
Authority, P.O. Box 181

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

Please note that failure to submit all of the required documentation may lead to delay in processing your application