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|  | Form No: ECON.ATCO.F.180 | PERSONNEL LICENSING DIVISION |
| | Version No:19.0 Effective Date: 22/10/2024 | |
| APPLICATION FOR THE ISSUE/REVALIDATION/RENEWAL OF (STUDENT) AIR TRAFFIC CONTROLLER (ATCO) LICENCES, RATINGS, AND ENDORSEMENTS | | |

Instructions on how to fill out this form are on page 4; payment details are on page 5.

| | | | |
|---|------------------------|------------------|--|
| Part A: APPLICANT'S DETAILS | | | |
| Name: (Print) Note; If your name e.g. surname* has changed from a previous application please tick to indicate a change. (*include copy of marriage cert) Changed since last applied? Yes <input type="checkbox"/> | | | |
| Permanent home address: (Print) Note; If your address information has changed from a previous application please tick to indicate a change Changed since last applied? Yes <input type="checkbox"/> | | | |
| Date of birth: | | Contact details | |
| Place of birth (Country): | | E- mail address: | |
| Nationality: | | Tel/ Mobile: | |
| By completing the contact details below, I, the applicant, consent to having my licence posted to the specified contact person and address (e.g., the ANSP where the licence holder works for admin reasons). | | | |
| Name of Contact person (Print): | | | |
| Address details (Print): | | | |
| | | | |
| | | | |
| (Student) ATC Licence Number: | IRL/AC/ | | |
| YES <input type="checkbox"/> , I request to use my ANSP as a third party for the exchange of my student ATC licence (See PLAM 11). | | | |
| Part B: APPLICATION FOR (Where the applicant already holds an ATCO licence, please tick only those boxes relating to the ratings, rating endorsements, or unit endorsements which have changed. All other entries on a licence, which are within their period of validity, will be transferred automatically.) | | | |
| <input type="checkbox"/> Issue of Student ATCO Licence, rating(s) and rating endorsement(s) (fill in Part A, B, C, D and F of this form) | | | |
| <input type="checkbox"/> Licence endorsement(s) (Language/Assessor/OJTI/STDI) (fill in Part A, B, C (2), D and F of this form) (Indicate Issue/revalidation/renewal in Part C(2)) | | | |
| <input type="checkbox"/> ATCO Licence, rating(s), rating endorsement(s), unit endorsement(s) <input type="checkbox"/> Issue <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal (fill in Part A, B, C (1), D, E and F of this form) | | | |
| Change of Competent Authority: | Licence number: | | |
| <input type="checkbox"/> Request for a change of Competent Authority (fill in Part A, B, C, D and F of this form) YES <input type="checkbox"/> , I request to use my ANSP as a third party for the exchange of my ATC licence (See PLAM 12). | | | |



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LICENCES, RATINGS, AND ENDORSEMENTS**Part C (1): RATING / RATING ENDORSEMENT / UNIT ENDORSEMENT:** (only tick boxes relevant to this application) **Student licence applicants need only tick relevant Rating and Rating Endorsement boxes**

| RATING | RATING Endorsement | UNIT Endorsement | | | |
|--|--|---|--|------------------------------|----------------------------------|
| <input type="checkbox"/> ADC <i>Aerodrome Control</i> | <input type="checkbox"/> SUR <i>Aerodrome Control Surveillance</i> | <input type="checkbox"/> EICK <input type="checkbox"/> EINN <input type="checkbox"/> EIDW AMC <input type="checkbox"/> EIDW SMC <input type="checkbox"/> *EIDW CDP * Do not tick CDP if the applicant holds a valid SMC unit endorsement or is applying for the issue, revalidation or renewal of a SMC unit endorsement. | <input type="checkbox"/> EIDL <input type="checkbox"/> EIKN <input type="checkbox"/> EIKY <input type="checkbox"/> EISG <input type="checkbox"/> EIWF <input type="checkbox"/> EIWT | | |
| <input type="checkbox"/> APP <i>Approach Control Procedural</i> | <input type="checkbox"/> EIDL <input type="checkbox"/> EIKN <input type="checkbox"/> EIKY <input type="checkbox"/> EISG <input type="checkbox"/> EIWF | | | | |
| <input type="checkbox"/> APS <i>Approach Control Surveillance</i> | <input type="checkbox"/> EIDW (APS) <input type="checkbox"/> EIDW CDP | <input type="checkbox"/> EICK <input type="checkbox"/> EINN | | | |
| <input type="checkbox"/> ACS <i>Area Control Surveillance</i> | <input type="checkbox"/> EIDW (ACS) <input type="checkbox"/> EIDW CDP | <input type="checkbox"/> EINN UAC | <input type="checkbox"/> EINN LAC | | |
| | <input type="checkbox"/> EINN HAL¹ (tick if combining high and Low) ¹ note: The aligned revalidation date will be the date of the unit endorsement which is first to expire. | | | | |
| Part C (2): Licence endorsements (OJTI/STDI /Assessor) (Language) (Tick the relevant boxes) | | | | | |
| | OJTI | STDI | ASSESSOR | English Language Proficiency | |
| First Issue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Level 4 <input type="checkbox"/> |
| Renewal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Level 5 <input type="checkbox"/> |
| Revalidation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Level 6 <input type="checkbox"/> |



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LICENCES, RATINGS, AND ENDORSEMENTS**Part D: Declaration by Applicant.**

I hereby:

1. apply for the issue/revalidation/renewal/of: rating(s), rating endorsement(s), unit endorsements, licence endorsements or change of competent authority, as indicated by the boxes ticked on this application form;
2. confirm that the information contained herein is correct at the time of the application;
3. confirm that I am not holding an ATCO (or Student) Licence issued in another Member State (except for a request for a change of competent authority);
4. confirm that I have not applied for an ATCO (or Student) Licence in another Member State (except for a request for a change of competent authority); and
5. confirm that I have never held an ATCO (or Student) Licence issued in another Member State which has been revoked or suspended in any other Member State.

I understand that it is an offence obtain a licence, rating, rating endorsement, unit endorsement or certificate by falsification of submitted documentary evidence (ATCO.AR.D.005 refers).

Print Name: Date: Signature: **Part E: Declaration by responsible position holder authorised by an ANSP (tick as appropriate)**☐ **For a new unit endorsement (under an approved UTP):**

The applicant has successfully completed the relevant unit endorsement course in accordance with an approved Unit Training Plan (UTP) and which meets the requirements of Commission Regulation (EU) 2015/340. Evidence of successful completion of a unit endorsement course will be provided with this application, as outlined in point 7. of Part F. Where unit training includes training for a rating endorsement, additional evidence of successful completion of the approved training shall be provided.

☐ **For revalidation or renewal of a unit endorsement (under an approved UCS):**

The applicant **(1)** has been exercising the privileges of the licence for the minimum number of hours as defined in the unit competence scheme; **and (2)** has undertaken refresher training within the validity period of the unit endorsement according to the unit competence scheme; **and (3)** has had their competence assessed and they meet the requirements of Commission Regulation (EU) 2015/340 and the Unit Competence Scheme (UCS).

I understand that any incorrect information provided herein could prohibit a (Student) ATCO from holding a (Student) ATCO Licence.

Print Name: Date: Signature:



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Please enclose all relevant certificates and/or documents and tick as appropriate to indicate the supporting documents included with this application form:

- | | |
|---|---|
| 1. Copy of Student ATCO Licence, if applicable <input type="checkbox"/> | 7. Copy of relevant training certificate/assessment documents proving the successful completion of: |
| 2. Copy of passport or other national ID, if not previously submitted <input type="checkbox"/> | (a) Initial training (integrated certificate) <input type="checkbox"/> |
| 3. Copy of medical certificate: <input type="checkbox"/> | (b) Unit training <input type="checkbox"/> |
| 4. Copy of language proficiency certificate(s): <input type="checkbox"/> | (c) OJT instructor training <input type="checkbox"/> |
| 5. Copy of competence assessment form: <input type="checkbox"/> | (d) STDI instructor training <input type="checkbox"/> |
| 6. ECON.ATCO.F.180A Verification of ATC license and request to transfer associated medical records <input type="checkbox"/> | (e) Assessor training <input type="checkbox"/> |
| | (f) Refresher training <input type="checkbox"/> |

Instructions

1. Read the form thoroughly and complete the appropriate Parts only (see Part B for guidance). Where the applicant already holds an ATCO licence, please tick only those boxes relating to the ratings, rating endorsements, unit endorsements or licence endorsements which have changed. All other entries on a licence, which are within their period of validity, will be transferred automatically.
2. Complete by typing in the blank fields and tick boxes where indicated.
3. All submissions are required to be signed by the individual applicant at Part D. Where appropriate the responsible person of an organisation is required to sign at Part E.
4. Ensure correct certificates/documents accompany this application and Part F is ticked appropriately.
5. For a request for a change of competent authority, the following is also required: ECON.ATCO.F.180A form 'Verification of an ATCO license' and request to transfer associated medical records.
6. Submit this form and certificates/documents either electronically to atc.licensing@iaa.ie or by post to the address at Part 'Contact Details' hereafter.
7. The administration process requires 15 working days from receipt of a completed application form with the correct documentation. This period may take longer if the application form has been filled in incorrectly and/or the full documentation to accompany the application has not been submitted or is incorrect.
8. The licence office reserves the right to return applications which are incorrect, incomplete, not signed appropriately and to which the applicant will be required to resubmit in full.
9. **Payments details are on page 6**

Contact Details (When completed send this form and accompanying certificates / documents to)

IAA Licensing Dept.
The Times Building,
11-12 D'Olier St,
Dublin 2
D02 T449
Ireland

Telephone: +353 (0)16031500

E-mail: atc.licensing@iaa.ie



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PAYMENT DETAILS

The IAA are in the process of implimenting a fully digitalised licence management system. If you hold or wish to hold an IAA issued (student) ATC licence, you are required to register on the IAA MySRS system. Please ensure you have registered your account at <https://iaa.mysrs.ie/auth/sign-in>

MySRS is currently only being used for secure online payments.

Any future submissions will not be processed unless you are registered on MySRS. Please ensure you have registered and setup your account at <https://iaa.mysrs.ie/auth/sign-in> before making any further applications.

Full details of fees charged and levied by the IAA are published in the [IAA Schedule of Fees](#)

Please confirm your payment option below (phone payments are no longer available) :

MySRS Reference Number: IAA - -

An invoice will be generated and sent to your account/email for secure online payment.