**RENEWAL OF ATC LICENCE**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Application uploaded to the system |  |  | Application Number: |  |
| Manual Application  |  |  |  |  |
| Fees for issuance of ATC Rating |  |  | Ref. No. and Date. |  |
| Completion of Medical Certificate |  |  | Date of Medical :  |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

…………………………………..

(Receiving Officer’s signature)

|  |
| --- |
| Remarks.  |