



SIERRA LEONE CIVIL AVIATION AUTHORITY
Knowledge Test Application For Air Traffic Controller
Licence/Ratings

Reference	FORM:AC-PEL018
Revision	01
Date	31 st August 2022

I. Application Information

Ratings applied for :		<input type="checkbox"/> Approach Precision Control Rating <input type="checkbox"/> Area Control Procedural Rating <input type="checkbox"/> Area Control Surveillance Rating	
<input type="checkbox"/> Aerodrome Control Rating <input type="checkbox"/> Approach Control Procedural Rating <input type="checkbox"/> Approach control Surveillance Rating			
A. Name (Surname, First, Middle)		B. Date of birth (dd/mm/yyyy)	C. Place of birth (city/state)
D. Address (street address or apt #, city, country)		E. Nationality:	
		F. Height (cm)	G. Weight: (kg)
		H. <input type="checkbox"/> Male <input type="checkbox"/> Female	I. Hair
J. Eyes			
K. Do you now hold, or have you ever held a Sierra Leonean or any other CAA license? <input type="checkbox"/> Yes <input type="checkbox"/> No	L. If yes, has license ever been suspended or revoked <input type="checkbox"/> Yesdate <input type="checkbox"/> No	M. Type of License	O. Date issued (dd/mm/yyyy)
		N. Number	
T. Do you speak and understand the national language?			

II. Knowledge Test applied for on basis of

<input type="checkbox"/> A. Graduate from an Approved Training Organisation	1. Name and location (city, Country) of ATO	2. ATO number
	3. Course from which graduated	4. Date (dd/mm/yyyy)

III. Applicant's Certification I certify that the statements made by me on this application are true.	A. Signature	B. Date (dd/mm/yyyy)
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SLCAA Use Only
I have reviewed the applicant's identification and authorize this person to take the test.

Inspectors Name & Signature:	Date: (dd/mm/yyyy)
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Instructor's Endorsement
I have personally instructed the applicant and consider this person ready to take the test.

Date: (dd/mm/yyyy)	Instructor's Signature (Print Name and Sign)	Instructor's No.	Instructor Rating expires: (dd/mm/yyyy)
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Approved Training Organisation/OJTI

The applicant has successfully completed our _____ approved course, and is recommended for _____ test.

Date: (dd/mm/yyyy)	ATO name	ATO number	Signature/Title (Print and Sign)
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Attachments	Applicant's identification	
<input type="checkbox"/> Notice of Disapproval <input type="checkbox"/> ID document (copy) <input type="checkbox"/> Endorsement from instructor (if relevant block has not been completed) <input type="checkbox"/> ATO certificate of Graduation	Form of ID _____ Number _____ Expiration date _____ Telephone Number _____	ID Name _____ Date of birth _____ (mm/dd/yyyy) Email address _____ _____ _____

SLCAA Report

This applicant has been tested on theoretical knowledge for _____ in accordance with pertinent procedures and requirements with the results indicated below. *A copy of the knowledge test report is attached.*

Pass
 Fail

Date of examination (dd/mm/yyyy)	Time of examination	Location
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Signature (Print Name, Title & Sign)	Authorisation No.	Authorisation expires (dd/mm/yyyy)
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KNOWLEDGE TEST APPLICATION

INSTRUCTIONS FOR COMPLETING NCAA FORM: AC-PEL018

I. APPLICATION INFORMATION - Check appropriate block(s).

Block A. Name

Enter legal name. Do not change the name on subsequent applications unless it is officially indicated to the CAA that the name is changed with a copy of the marriage license, court order, or other document verifying the name change (in accordance with Nigerian CAR 1.2.1.2). The name on the certificate should be the same as the name on the application.

Block B. Date of Birth. Check for accuracy. Enter eight digits. Use numeric characters, i.e.20-10-1983, instead of 20 October 1983. Check to see that Date of Birth is the same as it is on the medical certificate.

Block C. Place of Birth. Enter the city and country where you were born.

Block D. Address. Enter residence number and street or P.O .Box in top part of the box. The City, country and Post code go in the bottom part of the block. Check for accuracy. Make sure the numbers are not transposed. Use your permanent mailing address.

Block E. Nationality. Indicate your nationality from your passport. If you have more than one nationality, indicate that.

Block F Height. Enter your height in centimetres.

Block G. Weight. Enter your weight in kilograms. No fractions. Use whole kilograms only.

Block H. Check male or female.

Block I. Hair. Spell out the colour of your hair. If bald, enter "bald". Colour should be listed as black, red, brown, blond or grey. If you wear wig or toupee, enter the colour of your hair under the wig or toupee.

Block J. Eyes. Spell out the colour of your eyes. The colour should be listed as blue, brown, black, hazel, green or grey.

Block K. Do you hold, or have you ever held a Sierra Leone or any other CAA license. Check yes or no.

Block L. If yes, has license ever been suspended or revoked. Check yes or no and indicate the date, if yes.

Block M. Type of license. Enter the type of license (ATC, AMEL, ASOL)

Block N. Number. Enter the number as it appears on your license.

Block O. Date issued. Enter the date your license was issued.

Block T. Do you speak and understand the national language. Check yes or no.

II. KNOWLEDGE TEST APPLIED FOR ON BASIS OF:

Block A. Graduate of approved course

1. **Name and location of ATO** (Approved Training Organisation). As shown on the graduation certificate. Be sure the location is entered.
2. **ATO number.** As shown on the graduation certificate.
3. **Course from which graduated.** As shown on the graduation certificate.
4. **Date.** Date of graduation from indicated course.

III. APPLICANT'S CERTIFICATION

A. Signature. The way you normally sign your name.

B. Date. The date you sign the application.