

1 Explanation

1.1 This form is to verify that the applicant meets the requirements according to Regulation (EU) 2015/340, ATCO.B.020(g).

1.2 This form shall be enclosed to the "Application form for air traffic controllers" in case of revalidation of the unit endorsement and send to Kiwa Register at the address given above.

1.3 Incomplete or incorrectly completed forms (including not submitting the required documents) will not be processed.

1.4 For additional information please visit our website: www.kiwaregister.nl.

2 Personal details of the licence holder

2.1 Name	
2.2 Given name(s)	
2.3 Licence number	
2.4 Date of birth	

3 Revalidation of unit endorsement(s)

3.1 Mark the rating(s) including its endorsement(s) (if applicable) in accordance with XIIa of your licence and complete other sections	Unit endorsement	Rating	Rating endorsement(s)					Sector/ Position	Expiry date	Revalid until*
	1. EH....	<input type="checkbox"/> ADI	<input type="checkbox"/> TWR	<input type="checkbox"/> AIR	<input type="checkbox"/> RAD	<input type="checkbox"/> GMC	<input type="checkbox"/> GMS			
2. EH....	<input type="checkbox"/> ADI	<input type="checkbox"/> TWR	<input type="checkbox"/> AIR	<input type="checkbox"/> RAD	<input type="checkbox"/> GMC	<input type="checkbox"/> GMS				
3. EH....	<input type="checkbox"/> APS	<input type="checkbox"/> TCL								
4. EH....	<input type="checkbox"/> ACS	<input type="checkbox"/> TCL								
5. EH....	<input type="checkbox"/> APP									
3.2 Fill in for each unit endorsement corresponding with 3.1.	Unit endorsement	Date of actual assessment or formal conclusion			Date refresher training completed					
	1. EH....									
	2. EH....									
	3. EH....									
	4. EH....									
	5. EH....									
3.3 Mandatory attachment(s)	For each unit endorsement revalidation a copy of the list with relevant Refresher Training Course modules (if more than one) shall be attached to verify the successful completion of the refresher training course.									
3.4 Early revalidation	* If the unit endorsement must be revalidated before the expiry date, its validity period shall not start later than 30 days from the date on which the last actual assessment has been successfully completed or the formal conclusion has been drawn.									

4 Operational working hours

4.1 Working hours	Unit endorsement	Minimum according UCS	Actual 1st 12 months	Actual 2nd 12 months	Actual 3rd 12 months
	Fill in for each unit endorsement corresponding with 3.1.	1. EH....			
2. EH....					
3. EH....					
4. EH....					
5. EH....					

On behalf of the ANSP I verify that the applicant meets the requirements according to (EU) Nr. 2015/340 ATCO.B.020(g)

5.1 Location and date

5.2 Name

5.3 Given name(s)

5.4 Function

5.5 Signature

I hereby declare as an employer that my candidate has authorized me to apply for this document on his/her behalf and do everything necessary to issue this document to my employer.