



**APPLICATION FOR ATS INSTRUCTOR CERTIFICATE (GRADE 1 OR 2) and/or  
DESIGNATED EXAMINER CERTIFICATE**

<b>PART I: (To be completed by all applicants in full)</b>			
Date:			
ATS License number:			
ATSU/ATO:			
Surname and Initials:			
<b>PART II: APPLICATION FOR CERTIFICATES</b> <span style="float: right;"><i>(Indicate with an x)</i></span>			
		<i>Issue</i>	<i>Renewal</i>
ATS Instructor (Grade 1) Training Organisation			
ATS Instructor (Grade 2) Training Organisation			
ATS Designated Examiner (validation examiner operational)			
ATS Designated Examiner (rating assessment examiner ATO)			
<b>PART III: INSTRUCTION PERMITTED ON THE FOLLOWING RATINGS</b> <span style="float: right;"><i>(Indicate with an x)</i></span>			
ATSA		ATSA AFIS	
ATSA CO-ORD		ATSA FIS	
ATSA CLD			
		AD	
		APP	
		APP/SURV	
			AREA
			AREA/SURV
			FIS
<b>Date of last assessment / Proficiency check:</b>			

<b>PART IV</b>		
The applicant hereby declares that the provided in this application are true in every respect.		
<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>
<b>SIGNATURE SAFETY DEPARTMENT/ SECTION</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>
<b>FOR OFFICIAL CAA USE ONLY:</b>		
<b>SIGNATURE OF SACAA AUTHORISED OFFICER</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>

