



CHECKLIST FOR RECURRENCE OF ATS LICENSE

Date			
Name			
License Number			
RENEWAL REQUIREMENTS: PART 65			
<i>Please mark with the applicable symbol as indicated</i>			YES / NO / N.A.
		L01	L02
1.	Application form CA 65.01 must be completed and signed by the applicant.		
2.	Strictly no Tippex allowed		
3.	All corrections or alterations made on the form need to be initialled (Line through the incorrect information, make the change and Date & Initial the change)		
4.	Valid Medical certificate.		
5.	The prescribed fee as in Part 187.		
Note			
SIGNATURE OF LICENSING OFFICER (L01) (ISSUER)		NAME IN BLOCK LETTERS	DATE
SIGNATURE OF LICENSING OFFICER (L02) (APPROVER)		NAME IN BLOCK LETTERS	DATE
		R	
		Receipt number	