



## CHECKLIST FOR RE-ISSUE OF ATS LICENSE

Date			
Name			
License Number			
<b>RE- ISSUE REQUIREMENTS: PART 65</b>			
<i>Please mark with the applicable symbol as indicated</i>			<b>YES / NO / N.A.</b>
		<b>LO1</b>	<b>LO2</b>
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 ( <b>Line through the incorrect information, make the change and Date &amp; Initial the change</b> )		
4.	Not later than 24 months after the expiry of such rating.		
5.	Competency assessment.		
6.	Valid Medical certificate.		
7.	The prescribed fee as in Part 187.		
<b>Note</b>			
SIGNATURE OF LICENSING OFFICER (LO1) (ISSUER)		NAME IN BLOCK LETTERS	
		DATE	
SIGNATURE OF LICENSING OFFICER (LO2) (APPROVER)		NAME IN BLOCK LETTERS	
		DATE	
		R	
		Receipt number	