



Application ATCO unit endorsement revalidation

Use this form to confirm that the applicant meets the requirements of [Regulation \(EU\) 2015/340, ATCO.B.020\(i\)](#).

CAA NL will only process your application once you have provided all information and attachments required.

Please upload the completed form as an attachment to the [Application for air traffic controllers](#) online form when applying for revalidation of ATCO licence unit endorsement(s).

CAA NL is part of the Human Environment and Transport Inspectorate (ILT). Please visit the ILT website for [more information about your ATCO application \(in Dutch\)](#).

1 Applicant details

1.1 First name

1.2 Prefix

1.3 Last name

1.4 ATCO licence number

1.4 Date of birth

2 Unit endorsement revalidation

2.1 Tick the rating(s) and endorsement(s) (if any) as listed in section XIla of your licence, and complete the other sections.

| | Unit endorsement | Rating | Rating endorsement(s) | Position or sector | Expiry date | Revalidation until* |
|--------------------------|------------------|--------|-----------------------|--------------------|-------------|---------------------|
| <input type="checkbox"/> | EHAM | ADC | | GMC CET | | |
| <input type="checkbox"/> | EHAM | ADC | | GMC SWT | | |
| <input type="checkbox"/> | EHAM | ADC | SUR | AIR CET | | |
| <input type="checkbox"/> | EHAM | ADC | SUR | AIR SWT | | |
| <input type="checkbox"/> | EHAM | APS | | | | |
| <input type="checkbox"/> | EHAA | ACS | | SC1 | | |
| <input type="checkbox"/> | EHAA | ACS | | SC2 | | |
| <input type="checkbox"/> | EHAA | ACS | | SC3 | | |
| <input type="checkbox"/> | EHRD | ADC | SUR | | | |
| <input type="checkbox"/> | EHRD | APP | | | | |
| <input type="checkbox"/> | EHRD | APS | | | | |
| <input type="checkbox"/> | EBBK | ADC | SUR | | | |

Application

ATCO unit endorsement revalidation
Human Environment and Transport Inspectorate
Ministry of Infrastructure and the Environment

| | Unit endorsement | Rating | Rating endorsement(s) | Position or sector | Expiry date | Revalidation until* |
|--------------------------|------------------|--------|-----------------------|--------------------|-------------|---------------------|
| <input type="checkbox"/> | EHBK | APS | | | | |
| <input type="checkbox"/> | EHGG | ADC | | | | |
| <input type="checkbox"/> | EHGG | APP | | | | |
| <input type="checkbox"/> | EHGG | APS | | | | |
| <input type="checkbox"/> | EHLE | ADC | SUR | | | |

2.2 Fill in the assessment details for each unit endorsement listed in section 2.1.

| | Unit endorsement | Date of revalidation assessment or official result | Date refresher training completed |
|--------------------------|------------------|--|-----------------------------------|
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

2.3 Required attachment(s)

For each unit endorsement to be revalidated, attach a list of the completed refresher training module(s) as proof.

2.4 Early revalidation

If the unit endorsement needs to be revalidated before the expiry date, the new endorsement will become valid within 30 days of the last successful assessment or official result.

3

Operational working hours

3.1 Working hours

Fill in the working hours for each unit endorsement listed in section 3.1.

| | Unit endorsement | Minimum working hours required under UCS | Hours worked in first 12-month period | Hours worked in second 12-month period | Hours worked in third 12-month period |
|--------------------------|------------------|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> | EHAM | | | | |
| <input type="checkbox"/> | EHAM | | | | |
| <input type="checkbox"/> | EHAM | | | | |
| <input type="checkbox"/> | EHAM | | | | |
| <input type="checkbox"/> | EHAM | | | | |
| <input type="checkbox"/> | EHAM | | | | |
| <input type="checkbox"/> | EAAA | | | | |
| <input type="checkbox"/> | EHRD | | | | |
| <input type="checkbox"/> | EHRD | | | | |
| <input type="checkbox"/> | EHRD | | | | |
| <input type="checkbox"/> | EHBK | | | | |
| <input type="checkbox"/> | EHBK | | | | |
| <input type="checkbox"/> | EHGG | | | | |
| <input type="checkbox"/> | EHGG | | | | |
| <input type="checkbox"/> | EHLE | | | | |

4

ANSP declaration

On behalf of the ANSP, I confirm that the applicant meets the requirements of (EU) No. 2015/340 ATCO.B.020(i).

4.1 Place

4.2 Date

4.3 First name

4.4 Prefix

4.5 Last name

4.6 Position

I confirm that I am authorised to apply on behalf of the applicant and to take all necessary steps to have the unit endorsement issued to the employer.

4.7 Signature
