

Notification of Change to Personal Details to an ATCO licence

Please complete this form electronically then print, sign and submit to PEL Office.

Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink and submit to PEL Office.

Please read the attached guidance notes before completing the form.

FALSE REPRESENTATION STATEMENT

It is an offence under regulation 84.(c)(1) of the Civil Aviation (Safety) Regulations, 2017 to make false representation for procuring for him/herself or another person, a grant, an issue, a renewal or a variation of a certificate, licence, approval, permission, exemption, authorisation or any other document. Under regulation 99.(4), any person who commits an offence shall be liable to imprisonment not exceeding two years or to a fine of SR200,000.00 or both.

1. CHANGE OF PERSONAL DETAILS ON LICENCE

ATCO licence number:

2. TYPE OF CHANGE

Change of Address:

Change of Name:

Change of Nationality:

3. UNIT AND CONTACT DETAILS

Unit Name: ICAO Location Indicator:

Telephone: Mobile telephone:

E-mail:

4. PERSONAL DETAILS ON CURRENT LICENCE

Surname: Forename:
 Date of Birth (dd/mm/yyyy): Nationality:
 Place of Birth: Country of Birth:
 Permanent Address:
 Country:

5. PERSONAL DETAILS FOR INCLUSION IN NEW LICENCE

Surname: Forename:
 Date of Birth (dd/mm/yyyy): Nationality:
 Place of Birth: Country of Birth:
 Permanent Address:
 Country:

6. SUPPORTING DOCUMENTATION REQUIRED WITH THE APPLICATION

Please submit the following with your application:

Application	Passport or National Identity Card	Certified copy of your valid Passport or National Identity Card	Certified copy of your Civil Marriage Certificate	Certified copy of the Change of Name Deed Poll.
Change of Address)	✓	N/A	N/A	N/A
Change of Name by Marriage or Civil Partnership	✓	N/A	✓	N/A
Change of Name by Deed Poll	✓	N/A	N/A	✓
Change of Nationality	✓	✓	N/A	N/A

Ensure that your medical certificate is amended accordingly.

7. FINANCIAL DECLARATION

I am applying for the Change to Personal Details to an ATCO licence.

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

I enclose the charges payable on application in accordance with the SSRD Scheme of Charges.

I agree to pay any additional charges which may become payable in respect of this application under the SSRD Scheme of Charges.

Name of Applicant (as shown in 5): Signature of Applicant (named in 5):

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8. SUBMISSION INSTRUCTIONS

Please check:

All sections relevant to the application have been completed;

The correct supporting documentation is included with the application (refer to Section 6); and

The correct payment is enclosed.

When completed, submit this form to:

Personnel Licensing Office
Safety & Security Regulation Department
Seychelles Civil Aviation Authority
P.O. Box 181

Telephone Enquiries: +248 4384271

E-mail: PEL@scaa.sc