



**CIVIL AVIATION AUTHORITY**  
**OJT REPORT- ATCO**

**CAAF-424- LCXX-1.0**

**Personnel Licensing Directorate**

Application for \_\_\_\_\_

ATCL No.:

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

1. It is certified that Mr./Miss/Mrs. \_\_\_\_\_ ATC  
Licence No.(if applicable) \_\_\_\_\_ has completed the prescribed On Job  
Training, in accordance with CAA Regulations, for the issue of Rating:

- |  |   |
|--|---|
| <input type="checkbox"/> Aerodrome Control             | <input type="checkbox"/> Approach Control Procedural      |
| <input type="checkbox"/> Approach Control Surveillance | <input type="checkbox"/> Approach Precision Radar Control |
| <input type="checkbox"/> Area Control Procedural       | <input type="checkbox"/> Area Control Surveillance        |

Airport/ATS Unit: \_\_\_\_\_.

2. The OJT was conducted from \_\_\_\_\_ to \_\_\_\_\_.

3. His/ Her performance was  Satisfactory  Unsatisfactory

4. Remarks (if any):

\_\_\_\_\_  
**(NAME & SIGNATURE)**  
**OJT Instructor**

Dated: \_\_\_\_\_

ATCL Lic. No. \_\_\_\_\_

**Verification:** *Head of Unit (Service Provider)*

Date \_\_\_\_\_

\_\_\_\_\_  
**(NAME & SIGNATURE)**