

## ATS Examiner Rating Test Form

## 1. Personal Details

Full Name						Date							
Licence Type			Client	ID		Current	Yes		No 🗌				
Initial Issue Test		Renewal Test											
2. Examiner Assessment Privileges Sought													
Air traffic controller licence issue				Flight service operator licence issue									
Aerodrome control rating issue				Oceanic air-ground rating issue									
Approach control procedural rating issue				Aerodrome flight information rating issue									
Approach control surveillance rating issue				Area flight information rating issue									
Area control procedural rating issue				Air traffic service instructor rating issue (on job training)									
Area control surveillance rating issue				Air traffic service instructor rating issue (check)									
				Air traffic service instructor rating renewal (check)									
3. Examination Requirements													
	•												
ATS Examiner assessment  Holds a current air traffic licence rating for the relevant service													
Has at least 5 years experience exercising the privileges of an air traffic controller or flight service operator licence													
Operational competency assessment privileges													
-	<u> </u>	requirements of a C	:AR Part	172 certific	ated organisation								
Current medical ce	•		, arrant	17 2 001tille	atou organioation								
		sessment privilege	)e										
				ig and expe	erience requirements o	f a CAR Pa	rt 172 c	ertificat	ted				
4. Examinatio	n Details – u	se code: <b>ü</b> = Pas	ss; <b>Q</b> =	Fail; NT =	Not Tested								
Pre Test Work													
Eligibility assessm	ent			Knowledg	ge of relevant rules & d	locuments							
Logbook assessme	ent			Knowled	owledge of test performance limits								
Test syllabus briefi	ing			Question	ing								
Test													
Test conducted in	accordance with	the				(sp	ecify) te	st sylla	bus				
Post Test													
Debrief				Knowledge of mandatory fail aspects									
Knowledge of training required (if applicable)				Knowledge of applicable logbook entries									
Knowledge of stan	dard forms												

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	Name		CAA ID						
. Results Result of test	Pass	Fail							
Location		Tower/Centre/Simulator	Workshop						
Name of CAA Testing Office	r	Clie	ent ID						
I certify that this report is an appropriately	accurate assessment of t	ne check carried out and that I ha	ve certified the hol	der's logbook					
CAA Testing Officer's Signature			Date						
. CAA Testing Office	er's Test Commen	ts							