

AIR TRAFFIC CONTROLLER RAITING PRACTICAL ASSESSMENT APPLICATION FORM

Air Navigation Safety & Standards Directorate

Date of ASSESSMENT (dd/mm/yyyy)	Time (hhmm)
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Part I – Please tick appropriate box/s.			
Rating Applied For	Unit	Attempt	
<input type="checkbox"/> (ADC) Aerodrome Control (TWR & GND)	Amman TACC	<input type="checkbox"/>	1
<input type="checkbox"/> (APP) Approach Control Procedural	OJAI TWR	<input type="checkbox"/>	2
<input type="checkbox"/> (APS) Approach Control Surveillance	OJAM TWR	<input type="checkbox"/>	3
<input type="checkbox"/> (ACP) Area Control Procedural	OJAQ TWR	<input type="checkbox"/>	4
<input type="checkbox"/> (ACS) Area Control Surveillance		<input type="checkbox"/>	

Part II – Personal Details.							
Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	Full name (as passport):			
Gender:	<input type="checkbox"/> Male.	<input type="checkbox"/> Female.	Date and place of birth:				
Nationality:				Address:			
Height:	<input type="text"/> cm	Weight:	<input type="text"/> kg	Hair (color):	<input type="text"/>	Eyes (color):	<input type="text"/>

Part III – ATC Licence Information.							
ATC License Number:							
ELP Level:	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	ELP Date of expiry:			
Have you had ATC license denied, suspended, revoked?				YES, (explain on external attached sheet).		<input type="checkbox"/> NO	
Do you hold a Jordanian Medical Certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Class of Medical Certificate:		<input type="text"/> rd Class		
Medical Certificate Expiry Date:				Name of Examiner:			

Part IV – Training Center & Related Course Information.			
T.C Name:		Location:	
Course Name:		Course Date:	

Part V – Applicant's Certification.		
I Certify that I meet the JCAR requirements for the certificate and/or rating sought and that the information I have given in this application true and complete.		
Name of Applicant	Signature of Applicant	Date

Part VI – Committee Recommendations.			
<input type="checkbox"/> SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
For Designated Examiner Official Use Only.			
Name	License Number	Date	Signature
For ANSSD Official Use Only.			
The Applicant	Meets	Does not Meet	The JCAR Requirements.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANS Safety Inspector Name	Date		ANS Safety Inspector Signature

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Part VII – Evaluation Factors.				
Subject		Evaluation Factor	Satisfactory	Unsatisfactory
1.	Separation	1.1 Standard Separation.		
		1.2 Speed Control.		
		1.3 Aircraft Capabilities.		
		1.4 Vectoring / Min. Vectoring Altitude (TACC).		
		1.5 Danger/Restricted/Prohibited area.		
2.	Traffic Management / Control Judgment	2.1 Awareness and Preplanning.		
		2.2 Control Judgment.		
		2.3 Control of Situation.		
		2.4 Action to Correct Errors.		
3.	Coordination / Communication	3.1 Coordination Procedures.		
		3.2 Standard Phraseology.		
		3.3 Voice Quality.		
		3.4 Speech Rate.		
4.	Operations and Procedures	4.1 ATC Clearance.		
		4.2 Sequencing.		
		4.3 Hand over Procedures (silent for TACC).		
		4.4 Accuracy.		
		4.5 Expedition.		
5.	Safety	5.1 Operations and Procedures.		
6.	Strip Marking and Board Management	6.1 Strip Marking.		
		6.2 Board Management.		
		6.3 Legibility.		
7.	Equipment	7.1 SDD Management (TACC).		
		7.2 FDD Management.		
		7.3 VCS Management.		
		7.4 Emergency R/T.		
		7.5 Nav. Aids Monitor (Tower).		
		7.6 Aerodrome Lighting System (Tower).		
		7.7 Weather Information's.		
		7.8 D-ATIS Management.		