ECAA/PEL/OF/032

ETHIOPIAN CIVIL AVIATION AUTHORITY

Document Title

Air Traffic Controller Inspection Checklist

Issue No

Document No

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CHECK FOR THE PRESENCE AND VALIDITY OF THE FOLLOWING ITEMS ON THE LICENSE

Name of ATC	Title	License No	Stateof Licensing	Medical Expiry	Rating Expiry	Language Proficiency Expiry	Working position (sector)	Remark
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THE FOLLOWING DETAILS SHALL APPEAR ON THE LICENSE

		Checked	Remark
I	Name of state		
II	Title of License		
Ш	License Number		
IV	Name of Holder		
٧	D.O.B		
VI	Address of Holder		
VII	Nationality of Holder		
VIII	Signature of Holder		
IX	Authority		
Χ	Validity Authorization		
ΧI	Date Issued and Signature of officer Issuing		
XII	Seal or Stamp		
XIII	Ratings, Category, Class, e.t.c.		
XIV	Special Endorsements		
XV	Any other details described by the issuing state		
nspec	nspectors Name: 1Date and Signature:		
]	Date and Signature:		