

	Company Name □□□□□□ □□□ □□□□□ □□□□□□ ETHIOPIAN CIVIL AVIATION AUTHORITY	Document No ECAA/PEL/OF/032	
	Document Title Air Traffic Controller Inspection Checklist	Issue No 1	Page No. Page 2 of 2

THE FOLLOWING DETAILS SHALL APPEAR ON THE LICENSE

	Checked	Remark
I Name of state.....		
II Title of License.....		
III License Number.....		
IV Name of Holder.....		
V D.O.B.....		
VI Address of Holder.....		
VII Nationality of Holder.....		
VIII Signature of Holder.....		
IX Authority.....		
X Validity Authorization.....		
XI 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		

Inspectors Name: 1 _____ Date and Signature: _____

2 _____ Date and Signature: _____

PLEASE MAKE SURE THAT THIS IS THE CORRECT ISSUE BEFORE USE