

**RENEWAL OF ATC LICENCE**  
**CHECK LIST FOR RECEIVING APPLICATIONS**

Name of the Applicant :

Date :

<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>	<b>Office Use</b>
Application uploaded to the system			Application Number:	
Duly completed Application for Renewal of ATC Licence (Manual Application)				
Completion of Medical Examination			Date of Medical :	
English Language Proficiency check				

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

.....  
 (Applicant's Signature)

The Application and documents received on ..... and payment made.

.....  
 (Receiving Officer's signature)

Remarks.
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