

Civil Aviation Directorate

Transport Malta-Civil Aviation Directorate, Malta Transport Centre,Pantar Road,Lija LJA 2021 Malta.Tel:+356 2555 5000 cadpel.tm@transport.gov.mt www.transport.gov.mt

Issue/Renewal. Submit the completed application form, together with a letter of nomination supporting the need for the grant of the examiner authority at your location, from your Sponsoring Organisation.

Renewals: The Sponsoring Organisation is required to complete Section 4 as evidence of your continued nomination.

1. PERSONAL DETAILS

Personal reference number (if known)

Surname Forename(s)

Title Date of birth (dd/mm/yyyy)

Nationality Town and Country of birth

Permanent address

..... Postcode

Telephone Number Alternative Telephone Number

E mail

2. APPLICATION (tick appropriate box)

I am applying for the RTF Examiner Authority Issue Renewal

RTF Examiner Authorisation number Expiry Date

Number of RTF Tests conducted in the last 2 years Date FRTOL last used

3. QUALIFICATIONS HELD (A or B) (*delete as appropriate)

FRTOL Number Expiry Date

A ATCO Licence Number Ratings

Original Issue Date Expiry Date

B Pilots Licence Type: PPL* / CPL* / ATPL* Ratings

Total Flying Hours: P1 Hours FI Rating date of initial issue

Instructional Hours: Date of last FI revalidation

Licence Expiry Date..... Examiner Authority Held

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4. SPONSORING ORGANISATION (*delete as appropriate)	
Type: ATO* / DTO* / ANS* / CLUB* / OTHER*	Base Aerodrome/Location
Sponsoring Organisation	
.....	
Address	
.....	
.....	Postcode
Telephone Number	Alternative Telephone Number
Title of Sponsor	Signature

5. PAYMENT METHODS	
All fees must be paid in advance; failure to do so may delay your application.	
Remittance shall be made payable as follows:	
Bank Name:	Bank of Valletta
Bank Branch:	Naxxar
Bank Address:	38, Triq tal-Labour, Naxxar NXR 9020.
Bank's BIC Code:	VALLMTMT
Sort Code:	22013
Account Holder:	Transport Malta – Civil Aviation Directorate
Account No:	12000580013
IBAN No:	MT13VALL 22013 0000 000 12000 5800 13

6. DECLARATION	
I declare that the information provided on this form is correct.	
Signature	Date

7. SUBMISSION INSTRUCTIONS	
Send your completed application form and nomination letter to:	
Civil Aviation Authority, Personnel Licensing Unit, Malta Transport Centre, Triq il-Pantar, Ħal Lija LJA 2021 Malta.	