



International  
Civil Aviation  
Organization

Organisation  
de l'aviation civile  
internationale

Organización  
de Aviación Civil  
Internacional

Международная  
организация  
гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

Re.: LN 3/24.1-SA5098

Lima, March 11, 2013

To: Mr. Jean-Michel Boivin, Regional Director of Civil Aviation, West Indies and French Guiana  
Mr. Zulficar Mohamed, Director General, Civil Aviation Authority, Guyana  
Mr. Falisie Jozef Pinas, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 – Eleventh Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/11)**  
**Lima, Peru, 13 to 17 May 2013**

Actions

required:

- a) **Take note and nominate participants before 13 April 2013**
- b) **Prepare and send this Regional Office documentation for the meeting before 13 April 2013**

Sir,

I have the honour to address you this letter with reference to the activities of the Regional Project RLA/06/901 - *Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological CNS support*, as approved at the sixth meeting of the regional project coordination committee (RCC/6) carried out in this city from 21 to 23 November 2012, through which the Eleventh Workshop/Meeting of the ICAO SAM Implementation Group (SAM/IG/11) was scheduled.

The workshop/Meeting will be carried out at the facilities of this Regional Office, in Lima, Peru, from 13 to 17 May 2013, and has the objective to follow-up on the action plan foreseen for the airspace optimisation, and follow-up on the PBN action plan in the SAM Region, expecting that States present information on the progress made in the implementation of PBN in terminal and approach areas.

Also, the meeting will review the status of implementation of the activities established in the action plan for ATFM implementation; the status of implementation of the action plans for AMHS interconnection, the new REDDIG II digital network, the navigation infrastructure in support to PBN and the interconnection of automated systems; and of the new flight plan format.

For a further analysis of the matters to be dealt with during this event, I am pleased to attach a Draft Agenda and Explanatory Notes (**Attachment A**). I will highly appreciate your comments or agreement with the same. I am also attaching information paper IP/01, (**Attachment B**), which contains general information on the event, and the participants registration form (**Attachment C**).

I am therefore pleased to invite your administration to participate in this Workshop/Meeting, communicating me the list of your representatives not later than **13 April 2013**, keeping in mind the following considerations:

For this workshop/meeting, the profile of participating experts is of utmost importance and should correspond to the appropriate authority levels and the referred areas, including:

- a) Air Traffic Management (ATM) authorities, planners and experts from Civil Aviation Administrations and ATS Services Providers, directly involved in the optimization of routes, SID and RNAV STAR implementation under PBN concept, ATFM implementation, and ATM Automation;
- b) Authorities and experts in planning, installation and maintenance of Communications, Navigation, and Surveillance Systems, with wide experience in implementation and maintenance of automated systems, such as radar data processors, flight plans, and digital communication networks;
- c) Experts in Regulations on Operations and Airworthiness, directly involved in the optimisation of routes, SID and STAR RNAV implementation under PBN concept;
- d) Directors, pilots, Operations and Airworthiness experts, flight dispatchers and maintenance personnel from commercial, general and military aviation operating in the SAM Region.

In order to attend this event, States who so wish could make use of the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved by your State;
- b) Fellowships sponsored by Regional Project RLA/06/901, having two fellowships for each State participating in this project that does not count on the previous alternative, and having the interested administration to provide the air tickets to and from the host country; or
- c) Own resources of your administration, in the lack of any of the previous alternatives.

For participants who require a fellowship, the ICAO fellowship nomination form is also attached (**Attachment D**), and must be completed and submitted to this Office as soon as practicable.

I will highly appreciate if your administration submits before **13 April 2013** those documents on the agenda items that may wish to present, in order to have sufficient time for their translation and edition. The documentation received after this date, should be prepared in both languages by the administration that presents it.

Information papers will be presented in its original language only, unless their authors facilitate translated versions.

The documentation of the Workshop/Meeting as well as working and information papers will be published in the ICAO SAM Office website: <http://www.lima.icao.int>. No documentation is foreseen for distribution during the event; therefore, it is recommended that participants bring a lap-top, or print the related documentation. The event will be carried out in Spanish and English, with simultaneous interpretation services.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer  
Regional Director  
ICAO South American Office  
Lima

**Enclosure**  
*As indicated*

cc: Mr. Olivier Jouans, Regional Director of ATM services, West Indies and French Guiana  
Mrs. Thelma Douglas Pinas, Permanent Secretary, Ministry of Transport, Communication and Tourism, Suriname  
Mr. Robby Venlo, acting Director of Civil Aviation, Suriname  
Mr. Brian De Souza, acting Director, CASAS, Suriname  
D/TCB/FOS/PIU, ICAO, Montreal



*International Civil Aviation Organization*

South American Regional Office

03/08/13

**Eleventh Workshop/Meeting of the SAM Implementation Group**

**(SAM/IG/11) - Regional Project RLA/06/901**

Lima, Peru, 13 to 17 May 2013

## **AGENDA, SCHEDULE AND WORKING METHODS**

(Presented by the Secretariat)

### **1. Agenda**

1.1 The Tentative Agenda of the Eleventh Workshop/Meeting of the SAM Implementation Group (SAM/IG/11) is attached as **Appendix A** to this Working Paper.

1.2 Those matters not included in the agenda might be considered under Agenda Item 8, Other Matters.

### **2. Working methods**

2.1 For the development of this meeting, it is expected to work in plenary session, and in Ad-hoc groups, in order to analyse specific issues.

2.2 During the course of the meeting, a Summary of Conclusions will be prepared for its distribution to States and International Organizations interested.

2.3 Administrative aspects and documentation processing of the meeting will be in charge of ICAO Secretariat and the Working Groups Rapporteurs.

### **3. Work Schedule**

3.1 Subject to the circumstances that would affect the adoption of the work, the following work schedule is suggested:

0900 - 1030	Review of agenda items
1030 - 1045	Coffee Break
1045 - 1215	Review of agenda items
1215 - 1300	Coffee Break
1300 - 1400	Review of agenda items
1400 - 1500	Review of agenda items

### **4. Work Plan**

4.1 **Appendix B** to this working paper includes the tentative work plan.

### **5. Suggested action**

5.1 The approval of the mentioned tentative work plan is suggested, provided that in the light of the progress reached, the Workshop/Meeting could adopt the modifications considered appropriate.

**APPENDIX A**

**TENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM/IG/10)**

(Lima, Peru, 13 to 17 May 2013)

**DRAFT AGENDA**

- |                |  |
|----------------|--|
| Agenda Item 1: | Follow up to conclusions and decisions adopted by SAM/IG meetings and results on the Twelfth Air Navigation Conference (ANC/12)  |
| Agenda Item 2: | SAM airspace optimisation  |
| Agenda Item 3: | Implementation of performance-based navigation (PBN) in the SAM Region   |
| Agenda Item 4: | Air Traffic Flow Management Implementation (ATFM) in the SAM Region  |
| Agenda Item 5: | Assessment of operational requirements in order to determine the implementation of communications, navigation, and surveillance (CNS) capabilities improvement for en-route and terminal area operations |
| Agenda Item 6: | Operational implementation of new ATM automated systems and integration of the existing systems  |
| Agenda Item 7: | Implementation of the new flight plan format   |
| Agenda Item 8: | Other business   |

## **ELEVENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM/IG/11)**

(Lima, Peru, 13 to 17 May 2013)

### **EXPLANATORY NOTES**

**Agenda Item 1: Follow up to conclusions and decisions adopted by SAM/IG meetings and report on results of the Twelfth Air Navigation Conference (ANC/12)**

The Meeting will start its activities carrying out a review to the status of application of conclusions and decisions adopted during the Tenth Workshop/Meeting of the SAM Implementation Group (SAM/IG/10), as well as to the valid conclusions and decisions from previous SAM/IG meetings. Likewise, a briefing on the results of the Twelfth Air Navigation Conference (ANC/12) will be submitted.

**Agenda Item 2: Optimization of the SAM airspace**

According to the SAM Route Optimization Program Phase 3 version 2, the progress in the optimization of terminal areas according to the Action Plan contained in Appendix C of Item 2 of the SAM/IG/10 meeting report, will be analysed. Also, the performance of the safety studies on the terminal areas to be made by the States according to the referred action plan, will be analysed.

**Agenda Item 3: Implementation of performance-based navigation (PBN) in the SAM Region**

The meeting will have the opportunity to update the PBN action plan, and compliance of States in the percentage of the different PBN approaches implemented on the total percentage of instrument approaches in international aerodromes, and will define the strategy to follow. Likewise, the meeting will present information on the progress of the tasks assigned to timely meet with the PBN implementation program in their states, and regional progress will be measured in this implementation and especially in the flexible use of airspace.

**Agenda Item 4: Air Traffic Flow Management Implementation (ATFM) in the SAM Region**

The Meeting will review the implementation status of the activities established in the action plan for ATFM implementation in the Region, examined during SAM/IG/10. To this end, it will study the main factors affecting ATFM implementation in the States of the Region. The level of performance of the tasks established in the Action Plan, will be updated.

**Agenda Item 5:           Assessment of operational requirements in order to determine the implementation of communications, navigation, and surveillance (CNS) capabilities improvement for en-route and terminal area operations**

The Meeting will analyse the implementation status of the activities taken under consideration in the Action plan for AMHS interconnection in the SAM Region updated by SAM/IG/10 meeting, the information on the current status of the implementation of a new REDDIG II digital network will be presented, follow-up will be made to the activities of the ATN/SAM architecture and ground/ground and ground-air applications. Security guidelines for implementing IP networks and of routing of IP policy networks. Also, the progress of navigation activities to support PBN will be reported, especially the type of progress in implementing the RAIM prediction service availability.

**Agenda Item 6:           Operational implementation of new ATM automated systems and integration of the existing systems**

The Meeting will follow-up the activities contemplated within the ATM Automation Projects (interconnection of automated systems) and Situational Awareness (Updating of the regional surveillance strategy for the implementation of systems in support to situational awareness). In this regard, the Meeting will take note of the missions undertaken by the group of experts in automation and of the recommendations obtained to fulfil the interconnection of automated systems for the States that have developed and signed the MoU in this regard.

**Agenda Item 7:           Implementation of the new flight plan format**

The Meeting will take note of the results on the new flight format implementation and SAM States will inform the current operation situation with the new format and the plans considered for the inclusion of the new functions of the flight plan format in their automated systems.

**Other business 8           Other business**

In this item, the Meeting will review related subjects not discussed in the precedent items.

- - - - -

## APPENDIX B

## TENTATIVE WORK PROGRAMME

<b>HOUR</b>	<b>Monday 13 May 2013</b>	<b>HOUR</b>	<b>Tuesday 14 May 2013</b>	<b>Wednesday 15 May 2013</b>	<b>Thursday 16 May 2013</b>	<b>HOUR</b>	<b>Friday 17 May 2013</b>
0830 0900	Registration of participants	0830 1030	Review of Agenda Item 5	Ad-Hoc Groups	Ad-Hoc Groups	0900 0930	Report Review
0900 0915	Opening of the Event						
0915 0930	<i>Coffee break</i>	1030 1045	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	0930 1000	<i>Coffee break</i>
0930 1230	Review of Agenda Items 1 and 2	1045 1215	Review of Agenda Item 6	Ad-Hoc Groups	Ad-Hoc Groups	1000 1130	Report Approval
1230 1315	<i>Break for lunch</i>	1215 1300	<i>Break for lunch</i>	<i>Break for lunch</i>	<i>Break for lunch</i>	1130 1200	Closing of the Workshop/Meeting
1315 1400	Review of Agenda Item 3	1300 1400	Review of Agenda Item 7	Ad-Hoc Groups	Review of Agenda Item 8		
1400 1500	Review of Agenda Item 4	1400 1500	Review of Agenda Item 8	Ad-Hoc Groups	Plenary Review of Ad-Hoc Groups Reports		

- END -

## ATTACHMENT B



### **International Civil Aviation Organization**

South American Regional Office - Regional Project RLA/06/901

### **Eleventh Workshop/Meeting of the SAM Implementation Group (SAM/IG/11)**

(Lima, Peru, 13 to 17 May 2013)

SAM/IG/11-IP/01

23/01/13

---

## GENERAL INFORMATION

(Presented by the Secretariat)

### 1. **Place and date of the event**

The Eleventh Workshop/Meeting of the SAM Implementation Group (SAM/IG/10) will be held at the ICAO SAM Regional Office premises, in Lima, Peru, from 13 to 17 May 2013.

### 2. **Address of the ICAO South American Office**

Av. Víctor Andrés Belaúnde 147  
Vía Principal No. 102  
Centro Empresarial Real, Torre Cuatro, Piso 4  
San Isidro, Lima (See attached map)  
Telephone: +511 611-8686  
Fax: +511 611-8689  
E-mail: [icaosam@icao.int](mailto:icaosam@icao.int)

### 3. **Opening session**

Will take place on Monday, 13 May 2013, from 09:00 to 09:15 hrs, at the ICAO SAM Office's conference room located in the 3<sup>rd</sup> floor.

### 4. **Languages and documents**

This event will be held in Spanish and English and will have simultaneous interpretation services. The documentation of the event will be published in the ICAO SAM Regional Office Web page: <http://www.lima.icao.int> as soon as it is available. No documentation will be distributed during the event.

### 5. **Link to the documentation**

The documentation of the Workshop/Meeting will be published in the ICAO SAM Office website: <http://www.lima.icao.int>, under Meetings. Participants should frequently check this website to have the documentation available in a lap-top or printed, in view that no documentation is foreseen to be distributed during the event;



## 6. **Registration of participants**

Participants are requested to first fill-in the registration form and submit it to the ICAO SAM Regional Office as soon as possible (please refer to **Attachment C** of the convening letter).

On Monday 13 May, the registration will be verified at the registration desk, from 08:30 to 09:00 hrs. Participants are requested to use the badges that will be supplied to them during registration.

## 7. **General information**

It could be find in “General Information”, “Weather” and “Hotels” in the main website of the ICAO South American Regional Office, available in <http://www.lima.icao.int/>.

## 8. **Transportation from/to the airport**

There are authorized taxi services at the Jorge Chavez International Airport. The rate to Miraflores or San Isidro (hotel areas) is of approximately US\$ 30.00. This rate can be confirmed in counters at the Airport’s international arrivals area.

## 9. **Transportation to and from the site of the event**

Participants can take a taxi or walk to the SAM Regional Office, depending on the location of the selected hotel, and vice versa.

In the city, there are independent or informal taxi drivers. In view of the fact that they do not belong to a company, they do not provide any safety or guarantee. In case of taking an informal taxi, please consider that you may be at a high risk.

Companies recommended for transfers within the city:

Alo Taxi	+51 1 225-4355
Taxi Satelital	+51 1 355 5555
Lima Remisse	+51 1 224-5529 / 99965-6639
Taxi Planet	+51 1 794-4864 / 781-7988
Tata Taxi	+51 1 274-5151
Taxi Real	+51 1 470-6263 / 470-6203
Taxi Seguro	+51 1 241-9292

## 10. **Temperature and hotels**

This information could be find in the sections “General Information2”, “Weather” and “Hotels” of the website of ICAO South American Regional Office, available in <http://www.lima.icao.int/>.

## 11. **Passport, visa and vaccination requirements**

To enter Peru, an updated passport and visa are requested; Depending on the traveller’s origin, it could also be required an international vaccination certificate, usually against yellow fever. We suggest your checking with anticipation these requirements at the embassy or nearest consulate of Peru.

12. **Money exchange and credit cards**

The Peruvian currency is the Nuevo Sol Peruano (S/.). Present exchange rate is S/ 2.55 per US \$ 1.00.

Credit cards as American Express, Master Card, VISA, Diners Club, etc., are usually welcome in hotels, shopping centres and restaurants. Traveller's checks should be exchanged in banks.

13. **Health attention**

In case of emergency, **Clínica Anglo Americana** is recommended, which is located in Alfredo Salazar Street, s/n, Miraflores, Tel: +51 1 616-8900.

14. **ICAO contact telephone numbers**

Mr. Onofrio Smarrelli RO/CNS..... 611-8686 ext. 107  
([osmarrelli@icao.int](mailto:osmarrelli@icao.int)) ..... Cell.: 997 969 321  
Mr. Roberto L. Arca, RO/ATM/SAR/AIM ..... 611-8686 ext. 106  
([arca@icao.int](mailto:arca@icao.int)) .....Cell.: 987 617 888

15. **Electricity**

220 Volts/60Hz.

16. **Information on safety and protection**

Upon any emergency situation, kindly call the Regional Officer ATM/SAR/AIM of the ICAO South American Office, Mr. Roberto Arca: Cell 987 617 888, or to the Operations Centre of the United Nations Safety and Security Department (UNDSS), with round the clock assistance during 365 days a year, calling the following cell phones: 99757 – 1008 or 99757 – 1003.

17. **General recommendations in the event of an earthquake**

The city of Lima is within an earthquake area.

**During an earthquake**

- a) Keep calm.
- b) Stay away from windows, do not go to any balconies, do not use elevators.
- c) Locate yourself in previously identified internal safety zones.
- d) Evacuate the premises only if conditions permit it; otherwise, minimize your movements.

**After an earthquake**

- a) Proceed to leave the premises, since quakes can continue.
- b) Evacuation must be carried out calmly, quickly and safely through the indicated routes.
- c) Stay in the evacuation site until the designated security team of the building has verified whether the installations are at risk.

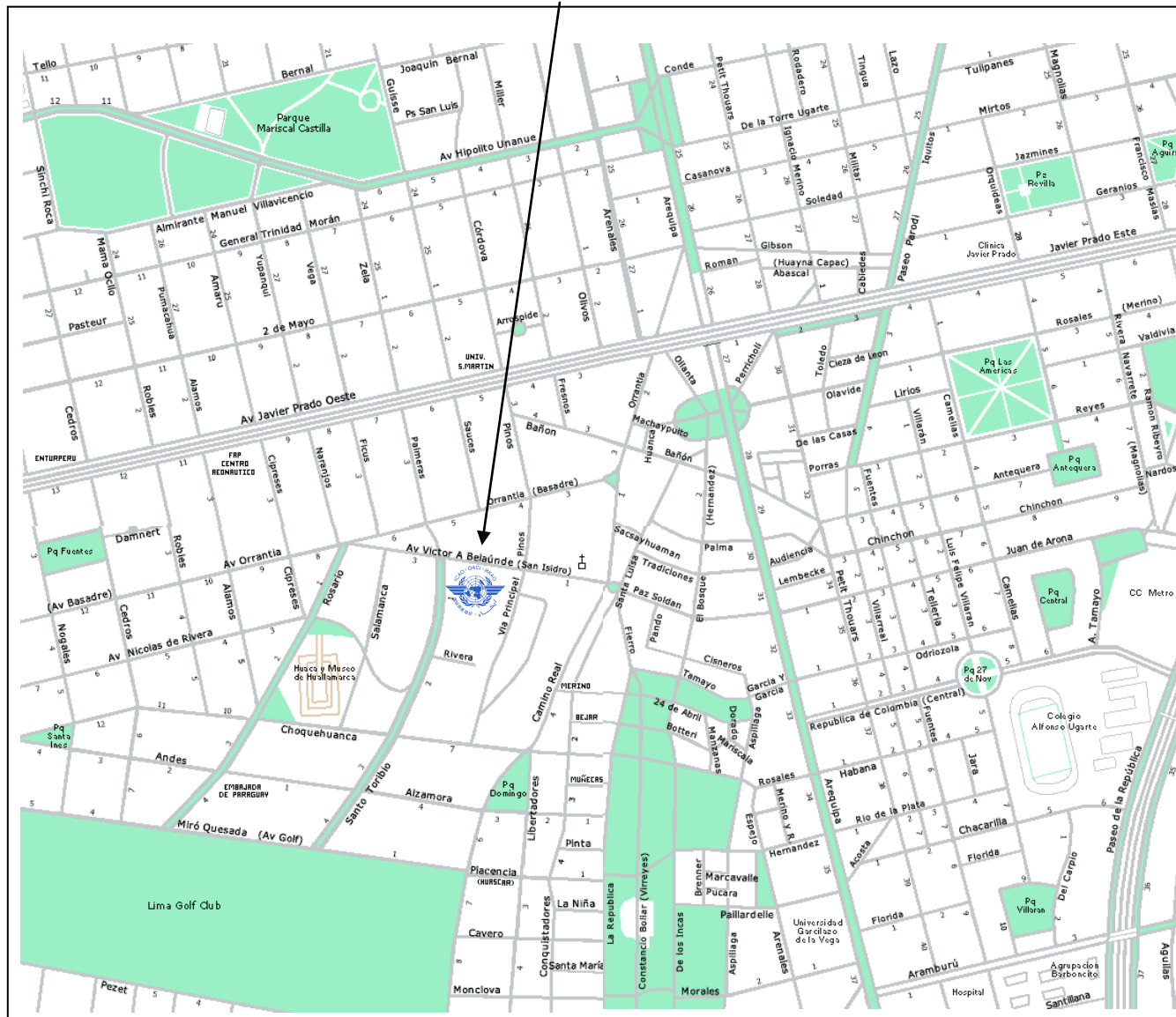
**ICAO Third and Fourth floor emergency exits**

- a) In front of the elevator area are two emergency staircases.
- b) Both stairs end in the first floor of the building, in the main entrance area.
- c) Proceed down the staircases. Do not push or run; keep in line, move in one direction only; keep conversation to a minimum.
- d) Exit the building to allow free flow of other evacuees exiting behind you.
- e) Once outside the building and having your back to it, turn left towards the evacuation site, located across V. A. Belaúnde Avenue.
- f) Pay attention at all moment to the indications that the security team might make.
- g) You will be informed when is it safe to return to the facilities.

- - - - -

**PLANO DE UBICACIÓN DE LA OFICINA REGIONAL SUDAMERICANA DE OACI EN LIMA, PERÚ/  
ICAO SOUTH AMERICAN REGIONAL OFFICE LOCATION MAP IN LIMA, PERU**

**Av. Víctor Andrés Belaúnde 147 - Edificio 4, cuarto piso, San Isidro**



## ADJUNTO C / ATTACHMENT C



### ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL INTERNATIONAL CIVIL AVIATION ORGANIZATION

RLA/06/901 Regional Project / Proyecto Regional RLA/06/901

### UNDÉCIMO TALLER/REUNIÓN DEL GRUPO DE IMPLANTACIÓN SAM (SAM/IG/11) ELEVENTH WORKSHOP/MEETING OF THE SAM IMPLEMENTATION GROUP (SAM/IG/11)

Lima, Perú, 13 al 17 de Mayo de 2013/ Lima, Peru, 13 to 17 May 2013

#### FORMULARIO DE REGISTRO / REGISTRATION FORM

1. Estado/*State*:  
Organismo/*Organization*: \_\_\_\_\_

2. Nombre/*Name*: \_\_\_\_\_

3. Cargo/*Position*: \_\_\_\_\_

4. Participa como / *Participates as*:

Miembro/*Member*   ☐   Alternativo/*Deputy*   ☐   Delegado/*Delegate*   ☐   Observador/*Observer* /   ☐   Ponente/*Lecturer*   ☐   Instructor/*Instructor*   ☐   Alumno/*Student*   ☐

5. Dirección oficial /  
*Business address*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. Hotel o dirección en  
la ciudad/ *Hotel or*  
*local address*: \_\_\_\_\_

8. Información de vuelo/   Vuelo llegada/ fecha/ hora/  
*Flight information*:   *Arrival flight/ date/ hour*: \_\_\_\_\_  
  
Vuelo salida/ fecha/ hora/  
*Departure flight/ date/ hour*: \_\_\_\_\_

Firma/*Signature*: \_\_\_\_\_ Fecha/*Date*: \_\_\_\_\_

## ATTACHMENT D



### INTERNATIONAL CIVIL AVIATION ORGANIZATION TECHNICAL COOPERATION BUREAU

#### GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

*(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)*

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

#### PART I – NOMINATION BY GOVERNMENT

Please note the following:

*Paragraph 1* should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

*Paragraph 2* should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

*Paragraph 4.* The objectives of the Fellowship should be stated concisely and accurately.

#### PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

#### PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

*Please see reverse side for additional information*

## ATTACHMENT D

### PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



**NOTE:** Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

The Government of \_\_\_\_\_ hereby:

- for an ICAO fellowship in the field of \_\_\_\_\_
- (Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

- (List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	
Total duration					

NOTE: The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

\*Delete that which is not applicable.



INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM

## PART I – cont'd

3. Requests that this fellowship be financed under the following technical co-operation programme:  
(Check as appropriate and insert project number)

- |                          |                                 |                    |                 |
|--------------------------|---------------------------------|--------------------|-----------------|
| <input type="checkbox"/> | UNDP Country Programme          | Project No.: _____ | Post No.: _____ |
| <input type="checkbox"/> | UNDP Regional Programme         | Project No.: _____ |                 |
| <input type="checkbox"/> | UNDP Interregional Programme    | Project No.: _____ |                 |
| <input type="checkbox"/> | Trust Funds agreement with ICAO | Project No.: _____ |                 |

4. Declares that the objectives of this fellowship are:

---



---



---



---



---



---

5. With respect to the nominees's transportation to and from host country(ies), agrees that:

- ☐ Will assume costs  
☐ Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of \_\_\_\_ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

\_\_\_\_\_  
Signature of Civil Aviation Authority

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(type or print)

Title: \_\_\_\_\_

\_\_\_\_\_  
AFFIX OFFICIAL SEAL OR STAMP

## OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM

## PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:		
4. Private address (for mailing purposes):  <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Telephone _____ E-mail _____				
5. Name and address of person to be notified in case of emergency (other than the government authorities):  <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Telephone _____ E-mail _____				
6. Language ability: a) Mother tongue _____ b) Language/s used in Primary and Secondary school _____ c) Other language/s of which nominee has a working knowledge _____ d) Language/s to be used in proposed fellowship programme _____				
7. School education record:				
Name, Town, Country of School/s	Period	Grade completed and certificate acquired		
	from      to			
8. College/university education record:				
(If you have graduated with a diploma or degree indicate under “subject/s studied” only the major subject/s studies. Otherwise indicate all the subjects studied)				
Name of college/university	Subject/s studied	Period		
		from      to		
		Degree /Diploma acquired		
9. Technical and/or specialized training record:				
(Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)				
Name and place of Training Institute	Subject/s studied	Period	Duration (weeks)	Diploma/Certificate acquired
		from      to		

INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM

## PART II – cont'd

10. Employment record:  
(Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

11. Nominee's statement:

- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
  - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
  - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
  - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
  - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
  - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: \_\_\_\_\_

\_\_\_\_\_  
Nominee's Signature

INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM

## PART III – LANGUAGE TEST

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: \_\_\_\_\_

Nominee's name: Mr./Mrs./Ms.\*: \_\_\_\_\_

Language for which test was set: \_\_\_\_\_

## RESULTS

(Check as appropriate)

## 1. Understanding:

- a) Understands without difficulty when addressed at normal speed. ☐
- b) Understands nearly everything at normal speed although occasional repetition may be necessary. ☐
- c) Understands almost everything if addressed slowly and carefully. ☐
- d) Requires frequent repetition and/or translation of words and phrases. ☐
- e) Does not understand even the simplest conversation. ☐

## 2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible. ☐
- b) Occasionally makes errors which do not, however, obscure meaning. ☐
- c) Makes frequent errors which occasionally obscure meaning. ☐
- d) Speaks with so much difficulty that comprehension is difficult. ☐
- e) Errors in speech so severe as to make comprehension virtually impossible. ☐

## 3. Reading:

- a) Reads fluently with full comprehension. ☐
- b) Reads slowly but understands almost everything he/she reads. ☐
- c) Reads with difficulty; often consults the dictionary. ☐
- d) Cannot understand what he/she reads. ☐

## 4. Writing:

- a) Writes with ease and accuracy. ☐
- b) Writes with few mistakes; can be understood. ☐
- c) Writes with difficulty and makes frequent mistakes. ☐
- d) Cannot write. ☐

## CONCLUDING REMARKS

Would this person be able to follow a technical course in this language?

☐ Yes

☐ No

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of examiner

Name: \_\_\_\_\_  
(type or print)

\_\_\_\_\_  
AFFIX OFFICIAL SEAL OR STAMP

\*Delete that which is not applicable

Photograph or Nominee

(to be affixed  
before examination)**INTERNATIONAL CIVIL AVIATION ORGANIZATION  
FELLOWSHIP NOMINATION FORM****PART IV - A – MEDICAL REPORT**

## Notes:

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. \_\_\_\_\_ having completed the medical examination of nominee Mr./Mrs./Ms.\* \_\_\_\_\_ whose photograph appears above, certifies the following:

(Check as appropriate)

## The Nominee:

1. Is physically able to travel abroad? \_\_\_\_\_
2. Is mentally and physically able to carry out intensive studies? \_\_\_\_\_
3. Is free from infectious diseases? \_\_\_\_\_
4. Has good hearing? \_\_\_\_\_
5. Has good eyesight? \_\_\_\_\_
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? \_\_\_\_\_

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Additional comments by Medical Practitioner:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Practitioner\_\_\_\_\_  
\*Delete that which is not applicableAFFIX OFFICIAL SEAL OR STAMP  
(to be affixed across photograph also)

<b>PART IV - B – MEDICAL REPORT</b> FOR FLIGHT CREW MEMBERS AND AIR TRAFFIC CONTROLLERS WHO ARE TO UNDERGO TRAINING FOR A LICENSE AS SPECIFIED IN ICAO ANNEX 1. THIS PAGE TO BE COMPLETED BY NOMINEE					
Place and date of examination					
Full name		Nationality		Sex    M <input type="checkbox"/> F <input type="checkbox"/>	
Date of birth			Marital status		
Type of license to be trained for:		Other:			
Initial <input type="checkbox"/>		PP <input type="checkbox"/>			
ATCO <input type="checkbox"/>		CP <input type="checkbox"/>			
Have you previously been examined for flight crew or air traffic control duties?			Yes <input type="checkbox"/> If yes, when and where? No <input type="checkbox"/>		Were you declared: Fit <input type="checkbox"/> Unfit <input type="checkbox"/>
Has a "medical waiver" ever been issued to you?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Flight time:    Total		Last six months:			
Type of aircraft presently flown		Jet <input type="checkbox"/>		Prop <input type="checkbox"/> Helicopter <input type="checkbox"/>	
Have you had any aviation accidents?			Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, elaborate under Remarks
<b>MEDICAL HISTORY</b> Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)					
		Yes	No		
Frequent or severe headaches				Nervous trouble of any kind	
Dizziness or fainting spells				Any drug or narcotic habit	
Unconsciousness for any reason				Excessive drinking habit	
Eye trouble except glasses				Attempted suicide	
Hay fever				Motion sickness requiring drugs	
Asthma				Rejection for life insurance	
Heart trouble				Admission to hospital in the last two years	
High or low blood pressure				Record of traffic convictions	
Stomach trouble				Record of other convictions	
Kidney stone or blood in urine				Gynecological / Obstetrical conditions	
Sugar or albumin in urine				Other illnesses	
Epilepsy or fits				Are you in good physical and mental health as far as you know and believe?	
Is there any family history of:		Diabetes <input type="checkbox"/>		Cardiovascular disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> ?	
REMARKS					
<b>NOMINEE'S DECLARATION:</b> I hereby certify that all statements and answers provided by me in this examination form are complete and true to the best of my knowledge.					
Signature of Nominee: _____			Date: _____		

# ATTACHMENT D

Form 602  
(Rev. 8/10)  
Page 8 of 8

## INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

### PART IV - B - cont'd

(Every nominee must undergo a complete medical examination, conducted by a designated medical examiner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested. THIS PAGE TO BE COMPLETED BY MEDICAL EXAMINER.)

Height	Weight	Build - Slender <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Obese <input type="checkbox"/>
--------	--------	--	---------------------------------	--------------------------------	--------------------------------

	Normal	Abnormal		Normal	Abnormal
Head, face, neck and scalp			Vascular system		
Nose			Abdomen and viscera (including hernia)		
Sinuses			Anus and rectum (hemorrhoids, fistula, prostate)		
Mouth and throat			Endocrine system		
Ears, general (int. & ext. canals)			G-U system		
Drums (perforation)			Upper and lower extremities (strength, range of motion)		
Eyes, general			Spine, other musculoskeletal		
Ophthalmoscopic			Identifying body marks, scars, tattoos		
Pupils (equality and reaction)			Skin and lymphatics		
Ocular mobility (associated parallel movement, nystagmus)			Neurologic (tendon reflexes, equilibrium, sense, co-ordination, etc.)		
Lungs and chest (including breasts)			Psychiatric (specify any personality deviation)		
Heart (thrust, size, rhythm, sounds)			General systemic		

Blood pressure	Systolic	Diastolic	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">}</div> <div>sitting</div> </div>	<div style="display: flex; justify-content: space-around;"> <div> </div> <div> </div> <div> </div> </div>	Distant vision:
					Right eye:                      20/                      Corrected to 20/
					Left eye:                      20/                      Corrected to 20/
					Both eyes:                      20/                      Corrected to 20/
Pulse: sitting					Near vision                      N Chart value:
					Intermediate vision                      N Chart value:

Hearing	cv	wv	Audiometry	500	1000	2000	3000			
Right ear	ft	ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Left ear	ft	ft	dB loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

LABORATORY EXAMINATIONS			
Urinalysis	Sugar	Albumin	Blood analysis:
Microscopic:			Sedimentation rate                      Hb
ECG	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Chest X-ray <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Summary (Abnormal findings, remarks and recommendations)

Nominee is/is not\* medically fit for flight crew/air traffic control\* duties

**MEDICAL EXAMINER'S DECLARATION**

I hereby certify that I personally examined the applicant named on this medical examination report, and that this report with any attachment embodies my findings completely and correctly.

Date and place of examination	Aviation medical examiner's signature
-------------------------------	---------------------------------------

NOTE: The above test has been conducted in accordance with the provisions detailed in Chapter VI of ICAO Annex 1 – *Personnel Licensing*.

\_\_\_\_\_  
 \*Delete that which is not applicable