



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

LN3/24.1-SA5503
LT2/6B.81

Lima, 24 June 2016

To: Mr. Philippe Guivarch, Regional Director of Civil Aviation, West Indies and French Guiana
Ms. Chaitrani Heeralall, Director General, Civil Aviation Authority (ag), Guyana
Mr. Andojo Rusland, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 – Second Workshop on PBN implementation in TMA and PANS-OPS related activities (PBN/IMP/2-PANS-OPS)**
(Lima, Peru, 12 to 16 September 2016)

Action
required: Confirm participation by **17 August 2016**

Sir/Madam:

I have the honour to refer to SAM/IG/14 Conclusion SAM/IG/14-2 “*Meetings and resources required for the conduction of activities under the South American Airspace Optimisation Action Plan*” agreeing to continue with the training programme of ATM experts in the South American States, as well as to the strategy for PBN implementation in TMAs for 2016 adopted by SAM/IG/17 Meeting (May 2016) and the programme of activities for Project RLA/06/901 for this year.

On this regard, and considering the various requirements for the follow-up of the PBN goals and associated issues established in the Bogota Declaration, the **Second Workshop on PBN Implementation in TMA and PANS-OPS related activities (PBN/IMP/2-PANS-OPS)** has been foreseen to be held at this Regional Office from **12 to 16 September 2016**. This workshop is aimed at coordinating activities in selected TMAs of the South American Region, whose PBN implementation date is foreseen for the first half of 2017. Likewise, it is intended to harmonise criteria for implementation of PANS-OPS and publication of SID/STAR/IAC, as well as the corresponding coding tables and to address complex technical issues related to the design of PBN instrumental procedures. The objectives and requirements of the workshop are detailed under **Attachment A**. The corresponding Agenda will be sent as soon as possible.

I would like to reiterate the importance of the profile of experts in events of this nature, in order to ensure the achievement of the expected objectives (**Attachment B**). Under **Attachment C** you will find additional information on administrative details and financing alternatives offered for the participation of your experts.

Please be aware that the workshop will be conducted in Spanish, with English simultaneous interpretation service **only if confirmation of English speaking participants is received in this Regional Office no later than 17 August 2016.**

It is worth to mention that this event will be possible thanks to the contribution of your State to Regional Project RLA/06/901, taking into account that part of the annual fee sent to the International Civil Aviation Organization (ICAO) has an issue established for this purpose.

Finally, it is also important to highlight that the implementation of Version 03 and the development of Version 04 of the route network depends on a consistent and harmonised implementation in South American TMAs and that any delay in one or more States affects the other States, and the Regional PBN implementation Project as a whole. In such sense, I would like to thank again your Administration for all efforts being developed towards the achievement of the established objectives.

According to the aforesaid, I am pleased to invite your Administration to design experts to participate in this workshop, by submitting, if applicable, the attached registration form (**Attachment D**) duly filled out for each participant, by e-mail (icaosam@icao.int) or by fax (+511 611 8689), no later than **17 August 2016.**

Messrs. Roberto Sosa España (rsosa@icao.int), ANS & SFTY Regional Officer and/or Roberto Arca Jaurena, ATM/SAR Consultant of the ICAO South American Office, remain at your disposal for any consultation or advice experts involved in these projects may have.

Accept, Sir/Madam, the assurances of my highest consideration.



Franklin Hoyer
Regional Director
ICAO South American Office
Lima

cc: Mr. Claude Miquel, Deputy Director of Civil Aviation, West Indies and French Guiana
Mr. Olivier Jouans, Regional Director of ATM services, West Indies and French Guiana
Mrs. Joyce Blokland-Wijnstein, Permanent Secretary, Ministry of Transport, Communication and Tourism, Suriname
Mr. Faizel Baarn, acting Head of Civil Aviation Department, Suriname
Mr. Brian De Souza, acting Director, CASAS, Suriname
Mr. Marcus Doller, Air Safety Support Intl. (ASSI), United Kingdom
Mr. Bruce D'Ancey, Policy Specialist, Flight Ops, Air Safety Support International (ASSI), United Kingdom
C/FOS/PIU

ATTACHMENT A

OBJECTIVES AND REQUIREMENTS

SECOND WORKSHOP ON PBN IMPLEMENTATION IN TMA AND

PANS OPS RELATED ACTIVITIES

(PBN/IMP/2-PANS/OPS)

The First Workshop on PBN Implementation (April 2016) was aimed at completing by States of proposed PBN designs validation phase with PBN implementation date foreseen until September 2016.

Nevertheless, considering delays in the implementation of PBN design in several terminal areas, SAM/IG/17 meeting (May 2016) deemed it appropriate to request Project RLA/06/901 management to carry out the second workshop on PBN implementation in an extended form, to include as well PANS-OPS related activities, which was approved.

In this regard, it has been considered to analyse only the main terminal areas in the implementation phase, with defined dates. The **Second Workshop on PBN Implementation in TMA and PANS-OPS related activities (PBN/IMP/2-PANS-OPS)** will target States with PBN implementation date foreseen until the first half of 2017, as follows:

Second Workshop on PBN Implementation in TMA and PANS-OPS related activities (PBN/IMP/2-PANS-OPS) – 12 to 16 September 2016	
State	Implementation
Brazil (PBN South)	22 June 2017
Chile (Santiago – Pampa Sur)	8 December 2016
Paraguay (Asuncion)	22 June 2017

In addition to the analysis of PBN implementation in selected TMA, this workshop is aimed to harmonize criteria for implementation of PANS-OPS and publication of SID/STAR/IAC, as well as the corresponding coding tables, including, among others, following aspects:

- Public PBN instrument procedures / Other approval criteria (tailored);
- Application of RNAV 1 and RNP 1 specifications in SID, STAR and RNAV/ILS approaches;
- Interpretation of some navigation requirements (doubts which some designers may have);
- Publications of charts and new coding (use and harmonization);
- Confusions that can be generated to crew with publications not adjusted to interpretation;

- Use of logical support to design approaches;
- Databases;
- Regional harmonization.

- Analysis of the following future work programme:
 - a) Application of visual RNAV approach procedures in IFR thresholds.
 - b) Application of visual RNAV approach procedures in VFR thresholds, with a focus on safety (reference: ICAO Assembly Resolution A37-11).
 - c) Use of advanced RNP, with a focus on take-off.
 - d) Publication of minimum altitudes of SID, in order to ensure compliance with minimum climb gradient.
 - e) Publication of levelled segments in intermediate approach of precision approach procedures, in order to guarantee adequate glide slope interception.
 - f) Application of ATC gradient.
 - g) Publication of SID RNAV and conventional, with similar glide path, in the same chart.
 - h) Publication of STAR RNAV and conventional, with similar glide path, in the same chart.
 - i) Classification of RNP AR procedures with a view to approve aircraft and operators (standard/no standard/waiver).
 - j) Validation of ground procedures.
 - k) Requirement for validation of RNAV procedures in flight.
 - l) Elimination of procedures publication in paper.
 - m) Application of CCO and CDO techniques at airports with low air traffic volume.
 - n) Use of descent gradients in final APV Baro-VNAV approach at airports located at high altitudes.
 - o) Operational implications of applying climb gradients above 2,5% in missed approach.
 - p) Data collection of PBN navigation capacity of aircraft and operators.

ATTACHMENT B

PROFILE OF PARTICIPANTS

Regarding optimal profile of participants, it is recommended that each State designates operational staff in charge of airspace planning and terminal area and/or route design based on PBN to attend the event.

To take charge of the PANS-OPS area, it is recommended that each State designates a qualified PANS-OPS designer, with a wide range of experience in PBN instrument procedures design.

Additionally, taking into account the importance of user feedback and the input from their experience on instrumental approaches based on PBN, the participation of instrument procedure designers and airline pilots/technicians/operation engineers is considered highly beneficial. This will allow not only identifying opportunities to improve procedures for the sake of safety and efficiency, but also to illustrate participants on the performance of different types of aircraft and operational requirements of diverse airlines.

ATTACHMENT C

GENERAL INFORMATION

Language and documentation:

Please note that training will be conducted in Spanish, with simultaneous English interpretation only if sufficient English speaking participants provide registration no later than **17 August 2016**. General information and pertinent documentation will be published as soon as available at the ICAO South American Regional Office's website:

http://www.icao.int/SAM/Pages/ES/meetings_ES.aspx -

*Second Workshop on PBN Implementation in TMA and PANS-OPS related activities
(PBN/IMP/2-PANS-OPS)*

Financing alternatives:

States who wish send experts to attend this workshop, could make use of the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved for your State;
- b) TWO fellowships sponsored by Regional Project RLA/06/901 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 attached, to be completed and submitted to this Regional Office no later than **24 August 2016**.



ADJUNTO D / ATTACHMENT D

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL
INTERNATIONAL CIVIL AVIATION ORGANIZATION

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

SEGUNDO TALLER DE IMPLANTACIÓN PBN EN TMA Y
ACTIVIDADES PANS-OPS RELACIONADAS

SECOND WORKSHOP ON PBN IMPLEMENTATION IN TMA AND
PANS-OPS RELATED ACTIVITIES
(PBN/IMP/2-PANS-OPS)

Lima, Perú, 12 al 16 de septiembre de 2016 / Lima, Peru, 12 to 16 September 2016

FORMULARIO DE REGISTRO / REGISTRATION FORM

1. Estado/*State*:

Organismo/*Organization*: _____

2. Nombre/*Name*:

3. Cargo/*Position*:

4. Participa como / *Participates as*:

Miembro/ Alternó/ Delegado/ Observador Ponente/ Instructor/ Alumno/
Member Deputy Delegate Observer Lecturer Instructor 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: _____



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 *six 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

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).



INTERNATIONAL CIVIL AVIATION ORGANIZATION FELLOWSHIP NOMINATION FORM

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 six 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.

PART I – NOMINATION BY GOVERNMENT

The Government of _____ hereby:

1. Nominates: Mr./Mrs./Ms.* _____
(family name) (first name) (middle name)

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)

2. Requests the following programmes of training under this fellowship:

(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. Agrees that with regard to round trip transportation for the nominee to and from host country(ies):

- will assume the transportation costs.
 will not assume the transportation 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 nominee's employment status, rights, salary and seniority will not be adversely affected, during the period of this/her absence, under the fellowship.
- 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:
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4. Private address (for mailing purposes):

Telephone _____ E-mail _____

5. Name and address of person to be notified in case of emergency (other than the government authorities):

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		Degree /Diploma acquired
		from	to	

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

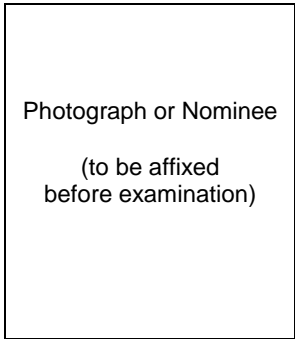
Date: _____

Signature of examiner

Name: _____
(type or print)

Affix official seal or stamp

*Delete that which is not applicable



**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

Additional comments by Medical Practitioner:

Date: _____

 Signature of Medical Practitioner

 *Delete that which is not applicable

Affix official seal or stamp
 (to be affixed across photograph also)

**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	} sitting				Distant vision:		
	Diastolic						Right eye:	20/
Pulse: sitting	Systolic	} recumbent				Left eye:	20/	Corrected to 20/
	Diastolic					Both eyes:	20/	Corrected to 20/
						Near vision		N Chart value:
						Intermediate vision		N Chart value:

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

LABORATORY EXAMINATIONS

Urinalysis Microscopic:	Sugar	Albumin	Blood analysis:	Hb	
ECG	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Sedimentation rate	<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