



International  
Civil Aviation  
Organization

Organisation  
de l'aviation civile  
internationale

Organización  
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Internacional

Международная  
организация  
гражданской  
авиации

منظمة الطيران  
المدني الدولي

国际民用  
航空组织

LN 3/20.1 – SA5519

Lima, 7 July 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/03/901 - REDDIG II Operation and Maintenance Training  
(Georgetown, Guyana, 26-30 September 2016)

Action: **Confirm attendance by 14 August 2016**

Sir/Madam:

I have the honor to refer to RLA/03/901 Regional Project - *REDDIG Management System and Administration of the Satellite Segment*, to invite your Administration to the REDDIG II Operation and Maintenance Training, to be held in Georgetown, Guyana from 26 to 30 September 2016.

The Nineteenth Meeting of the REDDIG Coordination Committee (RCC/19) that was held in Lima, Peru from 7 to 9 March 2016 considered under the activities to be carried out on 2016, a training event for REDDIG II operation and maintenance for the technical staff of the REDDIG II Member States who have not attended the training activities for operation and maintenance of REDDIG II carried out in 2015.

The training event will be delivered only in English and its content is presented as **Appendix A**. The documentation will be issued in due course on the website of this Office, [www.icao.int/SAM](http://www.icao.int/SAM) and will not be printed nor be distributed during the meeting, being desirable that the delegates take them physically or by electronic means.

To participate in the course, your Administration might consider the following financing alternatives:

- a) Fellowships under an ICAO Project approved by your country;
- b) Availability of one (1) fellowship under the Regional Project RLA/03/901 for each State participating in this project that does not have the previous option. The administration concerned must provide round trip tickets;
- c) Own resources of your Administration, if lacking any of the previous alternatives.

I would appreciate receiving a confirmation on participation of your delegates, by sending to this Office the attached Registration Form presented as **Appendix B** duly completed for each delegate, and, if applicable, the ICAO *Fellowship Nomination Form* duly completed also attached as **Appendix C**, no later than **12 August 2016**.

Were you to require further information, please contact Mr. Onofrio Smarrelli, CNS Officer, ICAO SAM Regional Office ([osmarrelli@icao.int](mailto:osmarrelli@icao.int) / +51-1 6118686).

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  
ICAORD Mexico (for retransmission to Trinidad & Tobago)  
C/FOS/PIU, ICAO, Montreal

## APPENDIX A

### REDDIG II Operation and management Course

#### Contents

1. **Architecture of the REDDIG II**
  - Satellite network
  - Support ground network
  - Global Plan for Addressing IP
2. **REDDIG II Nodes**
  - Types and Components
  - Local IP Addressing Plan
3. **RF Equipment**
  - IBUC + Redundancy
  - LNB + Redundancy
  - HHT and TCP/IP (Web) Access
4. **Modem Skywan**
  - Model 7000
  - Model 1070
  - Redundancy
  - ‘Telnet’ and ‘Line-up Manager’ Access
  - Performance
5. **Ethernet Switch Netgear**
6. **Router Cisco**
  - Interfaces
  - VRRP redundancy protocol
  - OSPF routing protocol
  - VLANs
  - Commands on line
  - Interfaces monitoring
  - Settings
7. **Baseband Commuter (RSS) and ‘Patch Panel’**
8. **NMS – WhatsUp Gold**
  - NMS Central Server
  - NMS Remote Server (Local)
  - Web access
  - Modules and displays
  - Monitors
    - Active Monitor
    - Performance Monitor
  - Alarms



## APPENDIX B

### REDDIG II Operation and Maintenance Training (Georgetown, Guyana, 26 – 30 September 2016)

#### Registration Form

Will participate in the meeting

1. State:

Organization: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Position: \_\_\_\_\_

4. Business address: \_\_\_\_\_  
\_\_\_\_\_

5. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Hotel or local address: \_\_\_\_\_

Arrival flight/ date/ hour: \_\_\_\_\_

7. Flight information:

Departure flight/ date/ hour: \_\_\_\_\_

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

Please return this form to: [icaosam@icao.int](mailto:icaosam@icao.int)



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.

#### 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 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.

### 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. With respect to the nominee'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:
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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: \_\_\_\_\_

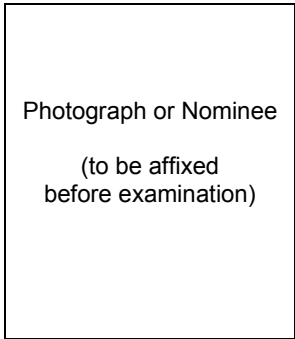
\_\_\_\_\_  
Signature of examiner

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"/>
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
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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