



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

LT2/4.42 – SA585

Lima, 12 December 2016

To: Mr. Philippe Guivarch, Regional Director of Civil Aviation, West Indies and French Guiana
Lt. Col. Egbert Field, Guyana Civil Aviation Authority
Mr. Andojo Rusland, Minister of Transport, Communication and Tourism, Suriname

Subject: **Invitation to the SAM Workshop on the Use of the New ICAO Frequency Finder Tool**
(Lima, Peru 6- 10 March 2017)

Action
Required: Register participation by **17 February 2017**

Sir/Madam,

I wish to invite your Administration to participate in the SAM Workshop on the use of the new ICAO tool of Frequency Selection to be held in the ICAO SAM Regional Office, Lima, Peru from 6 to 10 March 2017.

The workshop will focus on frequency planning issues, efficient use of the aeronautical frequency spectrum and the review of the SAM aeronautical frequency allotment plan. It will also support the implementation of the Frequency Finder as the new ICAO aeronautical radio frequency management tool for Very High Frequency (VHF) Communications (COM) frequency assignments (COM List 3). It will cover the installation and the use of the Frequency Finder tool as well as the planning criteria which have been incorporated in the *Handbook on Radio Frequency Spectrum Requirements for Civil Aviation including statement of approved ICAO policies, Volume II* (Doc 9718).

The profile of participating experts is of utmost importance and should correspond to the professionals in charge of the planning and managing of the Communication, Navigation and Surveillance system frequencies of your Administration.

Accordingly, participants are requested to bring their laptops with them to the Workshop and a list of frequencies which have been assigned in their States in the following bands:

117.975 - 137 MHz (COM LIST 3)
108-117.975 MHz (COM LIST 2)
190-1750 KHz (COM LIST 1)

The laptop has to have the Operative system Microsoft and be capable of installing new software. Google Earth should be installed – and preferably also the latest version of the Frequency Finder software (runtime version), available in the following link <http://www.icao.int/safety/FSMP/Documents/FrequencyFinder>

The Provisional Programme of the Workshop is provided in **Attachment A**.

You are kindly requested to confirm the participation of your administration/organization at your earliest convenience, but in any case by **17 February 2017**, by forwarding the registration form provided at **Attachment B**, duly filled to the following e-mail address icaosam@icao.int

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

- a) Fellowships sponsored by Regional Project RLA/06/901, having one fellowship for each member State of this Project.
- b) Fellowships from a national ICAO Technical Cooperation Project approved by your State; or
- c) Own resources of your Administration, in the lack of any of the previous alternatives.

For participants who require a fellowship from Project RLA/06/901, the ICAO fellowship nomination form is also attached (**Attachment C**), and must be completed and submitted to this Office no later than 17 February 2017.

The list of suggested hotels, as well as other useful general information are available on the ICAO SAM Regional Office website <http://www2010.icao.int/SAM> Participants are encouraged to make reservations directly with the hotel(s) in a timely manner.

The workshop will be conducted in Spanish and English. All documents will be provided in electronic format only.

If you require further information, please contact Mr. Onofrio Smarrelli (osmarrelli@icao.int), ICAO SAM CNS Regional Officer and/or Mrs. Mariel Rodriguez Patron (mrodriguezp@icao.int), ICAO SAM CNS Assistance.

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. Jerome Journet, Head of French ATM services, West Indies and French Guiana
Mr. Jean-Michel Pubellier, Deputy Head 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

ATTACHMENT A

SAM WORKSHOP ON THE USE OF THE NEW ICAO FREQUENCY FINDER TOOL

(Lima, Peru, from 6 to 10 March 2017)

Provisional Programme

1. Introduction

2. Aeronautical Frequency Planning

- World Radiocommunication Conference (WRC) Process
- Explaining the Planning Criteria
- Current SAM Frequency Allotment Plan

3. Frequency Finder (FF) Tool

- Frequency Finder Tool Requirements
- FF Basic Function
- FF Installation

4. Frequency Finder (FF) Tool Exercises

- Performing Basic Exercises (scenarios prepared)
- Updating the States Frequencies in the Global Database
- Download and Review the Assignment in the Global Database

5. FF Deployment and Implementation Plan

- CAR/SAM Digital Regional Air Navigation Plan (e-ANP)
- SAM States Implementation Plan and assignments
- Frequency Coordination/Interregional Issues



ADJUNTO B / ATTACHMENT B

ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL
INTERNATIONAL CIVIL AVIATION ORGANIZATION

SAM Workshop on the Use of the New ICAO Frequency Finder Tool

Taller sobre el uso de la nueva herramienta de selección de frecuencias OACI SAM

Lima, Perú, 6 al 10 de marzo de 2017 / Lima, Peru, 6 to 10 March 2017

FORMULARIO DE REGISTRO / REGISTRATION FORM

1. Estado/*State*:
Organismo/*Organization*: _____

2. Nombre/*Name*: _____

3. Cargo/*Position*: _____

4. Participa como / *Participates as*:

Miembro/ Alternativo/ 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/ *Fecha/*
Signature: _____ Date: _____

Please return this form to: / Por favor envíe este formulario a: E-mail: icaosam@icao.int

ATTACHMENT C



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 C

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)

- UNDP Country Programme Project No.: _____ Post No.: _____
- UNDP Regional Programme Project No.: _____
- UNDP Interregional Programme Project No.: _____
- 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:		
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		
		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. | <input type="checkbox"/> |
| b) Understands nearly everything at normal speed although occasional repetition may be necessary. | <input type="checkbox"/> |
| c) Understands almost everything if addressed slowly and carefully. | <input type="checkbox"/> |
| d) Requires frequent repetition and/or translation of words and phrases. | <input type="checkbox"/> |
| e) Does not understand even the simplest conversation. | <input type="checkbox"/> |

2. Speaking:

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

3. Reading:

- | | |
|---|--------------------------|
| a) Reads fluently with full comprehension. | <input type="checkbox"/> |
| b) Reads slowly but understands almost everything he/she reads. | <input type="checkbox"/> |
| c) Reads with difficulty; often consults the dictionary. | <input type="checkbox"/> |
| d) Cannot understand what he/she reads. | <input type="checkbox"/> |

4. Writing:

- | | |
|--|--------------------------|
| a) Writes with ease and accuracy. | <input type="checkbox"/> |
| b) Writes with few mistakes; can be understood. | <input type="checkbox"/> |
| c) Writes with difficulty and makes frequent mistakes. | <input type="checkbox"/> |
| d) Cannot write. | <input type="checkbox"/> |

CONCLUDING REMARKS

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

Yes

No

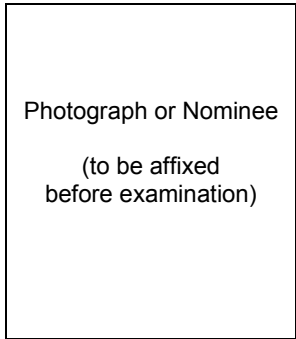
Date: _____

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 - MEDICAL REPORT 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	
MEDICAL HISTORY Have you ever had or have you now any of the following: (elaborate yes answers under Remarks)					
	Yes	No		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					
NOMINEE'S DECLARATION: 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 C

Form 602
(Rev. 8/10)
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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/ Corrected to 20/	
	Systolic	}	recumbent		Left eye: 20/ Corrected to 20/		
	Diastolic				Both eyes: 20/ Corrected to 20/		
Pulse: sitting					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	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 – <i>Personnel Licensing</i> .							
<hr style="width: 20%; margin-left: 0;"/> <p>*Delete that which is not applicable</p>							