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| ***APPLICATION FORM FOR APPROVAL OF А*** ***LANGUAGE PROFICIENCY ASSESSMENT METHOD***  *APPLICANT DETAILS* | |
| *Applicant’s name* |  |
| *Applicant’s address* |  |

*DOCUMENT DETAILS*

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| *Language proficiency assessment method.*  *(Document name, version/amendment, Reg. No.:)* |  |

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| *COMPLIANCE WITH THE REGULATORY REQUIREMENTS:* | |
| *Compliance with the regulatory requirements of the Part ATCO.B.040(a) and EASA AMCs:* |  |
| *Name and signature of the person responsible for TO’s compliance monitoring* |  |

*Note:*

*When applying for approval of language proficiency assessment method, together with a document enclose the evidence on paid fee, if applicable.*