

# **Temporary Permission to act as ATCO/Student**

According to AMC1.ATCO.AR.D.001(a)

### Applicant's details

Last name	First name
Licence number or personal identity number	

#### **Privileges issued**

The Assessor confirms, that the candidate has fullfilled all applicable requirements for the issue of a temporary permis- sion as follows;		
ATCO	STUDENT	

#### Rating/Rating endorsement/ATC unit/Sector

ADI	Unit, sector, working position		GMS	RAD
APS	Unit, sector, working position	PAR	SRA	TCL
ACS	Unit, sector, working position	TCL		
ACP	Unit, sector, working position			
APP	Unit, sector, working position			

#### Assessor details

Last name	First name
ATCO licence number	

## This temporary permission is valid 8 weeks from the date of issue.

Place	Date
Signature of the holder	Assessor signature

Send application as a pdf file to <u>certifikat.w3d3@transportstyrelsen.se</u> or mail it to Transportstyrelsen, 60173 Norrköping