

**DEPARTMENT OF CIVIL AVIATION (MYANMAR)**

**APPLICATION FORM  
(Application for Authorization as language Tester/Screeners\*)**

**INSTRUCTIONS**

1. The completed form must be submitted through your employer to Personnel Licensing Unit for processing.
2. Non-pilots applying for authorization as a language Tester are required to submit the supporting documents listed in Part III to DCA for verification.

**Part I - Personal Particulars of Applicant**

Full Name:	Passport No:
Name of Employer:	Licence No:
Appointment within your organization:	No of years of experience in international civil aviation operations:

I am applying for the initial issue/renewal\* of DCA authorization as a Language Screener/Tester\*.

**Part II – For pilots applying as a Language Tester**

Details of language assessment course attended: (e.g date, training organization etc)
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**Part III – For non-pilots applying as a Language Tester**

Please indicate with a  beside one or more of the following options, where applicable.

I hold a:	
Bachelor's degree in foreign language training	
Graduate diploma in Teaching English as a Second Language (TESL)	
University degree with extensive ESL teaching experience	
Others (Please Specify):	

I have at least 2 years experience in:	
Aviation English programme	
English for specific purpose teaching	
ESL teaching in an accredited university or language school	
Others (Please Specify) :	

*\*delete as appropriate*

DECLARATION

I certify that the above particulars are true to the best of my knowledge and belief. I am fully aware of the responsibilities associated with my role as an Authorized Language Screener/Tester\* and hereby apply for an authorization as a Language Screener/Tester\*.

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

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

**CERTIFICATION OF EMPLOYER IN SUPPORT OF APPLICATION**

We nominate \_\_\_\_\_ for the issue/ renewal\* of a DCA authorization as a Language Screener/Tester\*.

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

Name/Designation: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

Manager (Personnel Licensing):

Authorization approved / not approved\*

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

*\*delete as appropriate*