

**A – APPLICATION**

Mark  in the appropriate box

<input type="checkbox"/> Initial	<input type="checkbox"/> Revalidation
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**B – APPLICANT DETAILS**

Complete this form online then print or alternatively print then complete in BLOCK CAPITALS

Full name		Date of Birth
Permanent address and postcode		Licence No. (If applicable)
E-mail address	Telephone number	Mobile number

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

\_\_\_\_\_  
Applicant's signature

**C – ASSESSMENT**

Latest LPA date and level: Date: _____ Level: _____ Issued by: <input type="checkbox"/> ICETRA <input type="checkbox"/> Other:	
Place and date:	Content <i>(To be completed in case of revalidation of LPA):</i>  <i>Briefing</i> <input type="checkbox"/> English <i>Operational use of radio</i> <input type="checkbox"/> English <i>Debriefing</i> <input type="checkbox"/> English <i>Other(specify)</i> <input type="checkbox"/> English - <input type="checkbox"/> English - <input type="checkbox"/> English - <input type="checkbox"/> English - <input type="checkbox"/> English
ASSESSED LANGUAGE PROFICIENCY LEVEL: English <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 1 Icelandic <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 4 <input type="checkbox"/> Not Passed	

**D – ASSESSOR**

Full name	No.
Language Assessment body	
Remarks	
Assessor signature	Licence holder signature