Form CAP-04/038P (Rev.2)

AIRPORTS AUTHORITY OF INDIA

File No.: ……..…… **Date: ……/……/……**

AREA CONTROL CENTRE PLANNING RATING(ACC-PLR)

Mr/Ms{name and designation of ATCO}, Employee number {Employee number}, License number {License number} is holder of valid {Area Control Concurrent or Area Control Procedural} Rating in {name of ACC Unit} unit at {Name of station}.

Mr/Ms……..……..…… is hereby authorised to perform duties and exercise privileges of Area Planner Rating at {Name of Station} in accordance with CAPC 04 of 2023.

…..……
Executive Director (CAP)

Copy to:

1. ED (ATM)
2. Individual File of ACC Planner.