

GOVERNMENT OF INDIA
MINISTRY OF COMMUNICATIONS & INFORMATION TECHNOLOGY
(Wireless Planning & Coordination Wing)

Form of application for Renewal of COP Licence
(Radio Telegraphy/Telephony in Aeronautical/Maritime Services)

To operate/endorse in the Certificate of Proficiency under the Indian Wireless Telegraphy
(Commercial Radio Operators Certificate of proficiency and Licence to Operate wireless
Telegraphy) Rules 1954”

1. Name in full (in block letters)
2. Postal address in full
(Contact No. and E-Mail address, if any)
3. Nationality (Indicate by birth or domicile)
4. Particulars of the State Bank of India Draft enclosed with the application

Name of the Bank	Number and Date	Amount
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5. Particulars of Certificate(s) of *Competency/Proficiency held by the applicant:

Class and Registration Number of Certificate	Service Maritime/Aero- nautical	By whom issued	Date of last renewal/Date of Expiry of Licence	Remarks
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6. Details of experience during the last three years:

From	To	Designation of the post Held	Name and address of the Employer	Nature of duties performed (See Para 'G' on page 4)
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DECLARATION

1. I hereby solemnly declare that the foregoing facts are true and correct and nothing is false therein and nothing material has been concealed there from. I also agree that in case any information given by me herein before is found false at later date, the certificate and licence to operate, if granted, will be cancelled.

2. I further solemnly give an undertaking that I will not either directly or indirectly divulge to any person, except when lawfully authorized or directed to do so, the purport of any message which I may transmit or receive by means of any wireless apparatus operated by me or which may come to my knowledge in connection with the operation of the said apparatus.

3. I have carefully read and understood the rules contained in the Indian Wireless Telegraphy (Commercial Radio Operators Certificates of Proficiency and licence to operate Wireless Telegraphy) Rules, 1954 and undertake to abide by them.

Date

Signature of applicant

Name (in Block Letters)

*Certified that the particulars entered above are correct.

Signature

Name in Block Capitals

Station

Dated

Designation

Office Stamp

Attested by Gazetted Officer(s)/Appropriate Authority (ies) (such as D.G.C.A. / D.G. Shipping etc.) THE CERTIFYING AUTHORITY SHOULD SATISFY ITSELF FULLY AS TO THE ACCURACY OF THE PARTICULARS CONTAINED IN COLUMNS 1 TO 6 ABOVE.