**Maldives Civil Aviation Authority** Republic of Maldives

CAA FORM 1102

## APPLICATION TO RENEW OR REVALIDATE A FLIGHT CREW LICENCE

Please complete in BLOCK CAPITALS using black or dark blue ink. Please read attached Guidance Notes before completing the technical sections of this form.

## FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICANT DETAIL	S	To be	completed by the Applicant						
Title: Forename:		Surname:							
Date of birth (dd/mm/yyyy)	Nationality:								
Town of birth:	untry of birth:								
Permanent Address:									
	Postcode:								
Telephone:	ile telephone:								
E-mail:									
2. ADDRESS FOR CORE	RESPONDENCE (if differer	nt from above) To b	e completed by the Applicant						
Postal Address:									
3. MEDICAL FITNESS		To be completed by the Applicant							
State of Issue	Class of Medical Certificate held	Date of last Medical	CAA use only						
Note: Your Medical Certificate must be valid on the licence issue date. If your Medical Certificate is due to expire within 14 days after the date of application for licence issue, please complete the following  My medical examination will take place at:									
4. PARTICULARS OF L		To be completed by the Applicant							
Issuing Authority	Type/Class of Licence	Licence No.	Expiry Date						
	<u>,                                      </u>								

5. RATINGS HELD						To be completed by						
Please give the date of the most recent Skill Test (LST), Licensing Proficiency Check (LPC) or Revalidation by												
Experience for each type and/or class rating, and any Instructor certificate to be endorsed on your Licence.												
Rating or	Single Pilot	Date of	Date of		f Expiry Examiners Licer		CAA I	Use				
Certificate	or	Test	IR Test		t Date of	Number	Only					
held	Multi- Pilot				Rating	and Name						
6 APPLICATION	l (tick as annroi	riate)				To be completed by	v the Annlie	ant				
6. APPLICATION (tick as appropriate)  To be completed by the Applicant  I am applying for the renewal/revalidation of my:												
		·	•									
Airline Transport Pil	ot's Licence (A	(eroplanes			Commercial P	ilot's Licence (Airships)						
Airline Transport Pil	ot's Licence (H	(eliconters)			Commercial Pilot's Licence (Balloons)							
	`	· /			` ´							
Commercial Pilot's I	Licence (Aerop	lanes)			Private Pilot's	Licence (Aeroplanes)						
Commercial Pilot's Licence (Helicopters)  Private Pilot's Licence (Helicopters)						Licence (Helicopters)						
Date of Licence Expi	iry:				Date of last fli	ght as PIC:						
13. DECLARATIO						To be completed by	y the Applic	ant				
I declare that the information provided on this form is correct.												
Signature of the Applicant: Date:												
PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1												
		ocuments to b	oe s	submi	itted		For CAA u	ıse				
1. Copy of the licence												
2. Copy of the medic												
3. Copy of the certific												
4. Two photos (stamp												
5. Copy of the Payment receipt												
6. Pilot Proficiency Check Report (in accordance with Part-FCL)												
7. Copy of the English Language Proficiency Report and original (where necessary)												
8. Certificate for knowledge requirements on flight planning and performance (if required)												
9. A copy of national ID card or Passport with original												
10. Copy of the work												
Following additional requirements shall be submitted in the case of loss of licence												
11. A police report												
12. Copy of the Mald												
CAA USE ONLY												
Date of Issue:	•••••		• • • • •	•••••	···							
Checked by:												
Loaded by:												
Signed by:												
Signed by			•••••	•••••	•							