Maldives Civil Aviation Authority Republic of Maldives

APPLICATION FOR ISSUE/RENEWAL/REVALIDATION OF CABIN CREW LICENCE AND INCLUSION OF RATING

CAA FORM OPS 03

Please complete in BLOCK CAPITALS using black or dark blue ink.

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. PERSONAL PARTICULARS To be completed by the Applican					
Name			Nationality		
National ID/	_		Data of Disth		
passport number			Date of Birth		
Permanent Address		Present Address			
Licence number			Type Ratings		
2. TRAININGS, EXAMINATIONS AND TESTS To be completed by the A					d by the Applicant
Subject			Date of comple	tion	Pass/Fail
CC General Exam (for initial application)					
Type Rating Exam (for initial and renewal application)					
Medical Exam (for initial and renewal application)					
Fire Fighting (for initial and renewal application)					
Swimming (for initial					
First Aid (for initial and renewal application)					
					d by the Applicant
I declare that the information provided on this form is correct					
		~.			_
Name:		Signature:			Date: For CAA use
Training Rec	eu .		FOI CAA use		
Valid Maldives Medical certificate					
A copy of national ID card or Passport					
Copy of work permit (For foreigners)					
2 Stamp size photographs (taken within previous six months)					
Following additional requirements shall be submitted in the case of loss of licence					
A police report					
Photocopy of the Cabin Crew Licence (if available)					
CAA USE ONLY					
Date of Issue:					
Checked by:					
Loaded by:					
Signed by:					