



MALDIVES CIVIL AVIATION AUTHORITY
Republic of Maldives

APPLICATION FOR AIR TRAFFIC CONTROLLER LICENCE

1. APPLICATION FOR		
<input type="checkbox"/> Issue	<input type="checkbox"/> Renewal of Licence	<input type="checkbox"/> Inclusion of Ratings/Endorsement

2. PERSONAL DETAILS	
Name:	Date of Birth:
ID Card no:	Contact no:
Place of Birth:	Nationality:
Present Address:	
Permanent Address:	

3. UNIT LICENCE ENDORSEMENT APPLIED FOR:		
Air Traffic Controller No: ATC		
Rating	Rating Endorsement	Description
<input type="checkbox"/> ADI Aerodrome Instrument	<input type="checkbox"/> AIR	Air Control
	<input type="checkbox"/> RAD	Aerodrome Radar
	<input type="checkbox"/> SMC	Surface Movement Control
	<input type="checkbox"/> TWR	Tower Control
<input type="checkbox"/> ADV Aerodrome Control Visual		
<input type="checkbox"/> APC Approach Control procedural	<input type="checkbox"/> APR	Approach Radar
<input type="checkbox"/> APS Approach Control Surveillance	<input type="checkbox"/> TCL	Terminal Control
<input type="checkbox"/> ACP Area Control Procedural		
<input type="checkbox"/> ACS Area Control Surveillance	<input type="checkbox"/> ARR	Area Radar
	<input type="checkbox"/> TCL	Terminal Control
Other Ratings: <input type="checkbox"/> CRI <input type="checkbox"/> OJT <input type="checkbox"/> EXA		

4. DATES OF EXAMINATION AND TESTS	
Air Law Examination:	
Medical Examination:	
English Proficiency:	
Competency check: ADI <input type="checkbox"/> ADV <input type="checkbox"/> APC <input type="checkbox"/> APS <input type="checkbox"/> ACP <input type="checkbox"/> ACS <input type="checkbox"/>	

5. ENCLOSED WITH	
<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> One Stamp size photo
<input type="checkbox"/> Copy of Medical Certificate if Medical is expired	<input type="checkbox"/> Copy of ID Card
<input type="checkbox"/> Copy of Certificates	

Date:

Signature of Applicant:

6. OFFICIAL USE ONLY		
Date of Application:	Checked by:	Authorising Signature: