



MALDIVES CIVIL AVIATION AUTHORITY

Republic of Maldives

APPLICATION FORM FOR AIR TRAFFIC CONTROLLER LICENCE

1. APPLICATION FOR Initial Renewal of Licence Inclus	sion of Ratings/Endorseme	nt/Qualification Re-instat	ement
2. PERSONAL DETAILS			
Name: ID Card no: Place of Birth: Present Address: Permanent Address:	Date of Birt Contact no: Nationality		
3.UNIT LICENCE ENDORSEMENT APPLIED FOR: Air Traffic Controller No: ATC			
Rating	Rating Endorsement	Description	
ADI Aerodrome Instrument	☐ AIR ☐ RAD ☐ SMC ☐ TWR	Air Control Aerodrome Radar Surface Movement Control Tower Control	
ADV Aerodrome Control Visual APC Approach Control procedural APS Approach Control Surveillance ACP Area Control Procedural ACS Area Control Surveillance	☐ APR ☐ TCL ☐ ARR ☐ TCL ☐ ADS	Approach Radar Terminal Control Area Radar Terminal Control Automatic Dependent Surve	eillance
Other Qualifications: CRI OJTI	EXA		
4. DATES OF EXAMINATION AND TESTS Medical Certificate (Date of issue): English Proficiency level & expiry date: 5. ENCLOSED WITH Medical Certificate Competency check		One Stamp size photo Copy of ID Card (applicable or ELP Certificate of level 4 o	
Copy of Certificates Date:	L	ELF Certificate of level 4 0	I above
Signature of Applicant:			
6. OFFICIAL USE ONLY	11.	A il a ser access	
Date of Application: Checked	l by:	Authorising Signature:	