



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 LICENC ENDORSEMENT APPLIED FOR:		
Air Traffic Controller No: ATC		
Rating	Rating Endorsement	Description
<input type="checkbox"/> ADC Aerodrome Control	<input type="checkbox"/> AIR <input type="checkbox"/> RAD <input type="checkbox"/> SMC <input type="checkbox"/> TWR	Air Control Aerodrome Radar Surface Movement Control Tower Control
<input type="checkbox"/> APC Approach Control procedural		
<input type="checkbox"/> APS Approach Control Surveillance	<input type="checkbox"/> APR <input type="checkbox"/> TCL	Approach Radar Terminal Control
<input type="checkbox"/> ACP Area Control Procedural		
<input type="checkbox"/> ACS Area Control Surveillance	<input type="checkbox"/> ARR <input type="checkbox"/> TCL	Area Radar Terminal Control
Other Ratings:		

4. DATES OF EXAMINATION AND TESTS					
Air Law Examination:					
Medical Examination:					
English Proficiency:					
Competency check:	ADC :	APC:	APS:	ACP:	ACS:

5. ENCLOSED WITH	
<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Two 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: