



**CIVIL AVIATION DEPARTMENT
MINISTRY OF TOURISM AND CIVIL AVIATION
MALE'
REP OF MALDIVES**

Application for Validation of Foreign Flight Crew Licence

		CAD use only
Operator		
Name of Applicant		
Citizenship		
Permanent Address		
Contact Address		
Contact Phone Number		Verified by
Date of Birth		
Original Licence Type/Number		
Issued by		
Valid to		
Class Ratings		
Relevant type ratings		
Other ratings		
Limitations on Licence		
Class 1 Medical valid to:		
Limitations on Medical Certificate		
Total Flight time		Checked by
Flight time Last twelve months		
Date of previous PPC		
<u>Enclosures</u> Copy of Original Licence Copy of class 1 medical certificate Copy of logbook certified by independent source Evidence of last Proficiency check (It must be within the previous six months) Copy of National ID card (For locals) Copy of Passport (For foreigners) Fee – as per MCAR 187		Receipt number
		Checked by
		Approved by
		Issued by
		Number
		Date issued

Certification

I hereby declare that the Information I have provided is true and correct

Signed _____

Date _____



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