



MCAR-66 AIRCRAFT MAINTENANCE ENGINEER'S LICENCE INITIAL / VARIATION / RENEWAL APPLICATION

1. PERSONAL DETAILS

Surname Forename(s)

Title Date of Birth (dd/mm/yyyy)

Nationality Town and Country..... of birth

Permanent address

..... Postcode

Address of correspondence (if different from above).....

..... Postcode

Telephone Number Alternative Telephone Number

E-mail Fax Number.....

Name and Address of Employer

.....

..... Postcode

Telephone Number Approval Number

2. APPLICATION (refer to Note 5 of the Guidance document) (tick appropriate box)

I am applying for:

Initial Issue	<input type="checkbox"/>	MAR D02 to MCAR-66 Conversion	<input type="checkbox"/>	Change of Name/Nationality	<input type="checkbox"/>
Type Rating	<input type="checkbox"/>	Removal of Limitation(s) (Basic)	<input type="checkbox"/>	Duplicate Licence	<input type="checkbox"/>
Removal of Limitation(s) (Type)	<input type="checkbox"/>	Inclusion of another Category	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Validation of Foreign licenses	<input type="checkbox"/>				

In Category:

Category	A	B	C
Aeroplanes Turbine	A1 <input type="checkbox"/>	B1.1 <input type="checkbox"/>	N/A
Aeroplanes Piston	A2 <input type="checkbox"/>	B1.2 <input type="checkbox"/>	N/A
Helicopter Turbine	A3 <input type="checkbox"/>	B1.3 <input type="checkbox"/>	N/A
Helicopter Piston	A4 <input type="checkbox"/>	B1.4 <input type="checkbox"/>	N/A
Avionic		B2 <input type="checkbox"/>	N/A
Base Maintenance Certifying Engineer			<input type="checkbox"/>

6. EXAMINATION MODULES COMPLETED (refer to Note 8 of the Guidance document) (tick appropriate box(es))

Module Exam			Module Exam		
1	Mathematics	<input type="checkbox"/>	10	Aviation Legislation	<input type="checkbox"/>
2	Physics	<input type="checkbox"/>	11	Aeroplane Aerodynamics, Structures & Systems	<input type="checkbox"/>
3	Electrical Fundamentals	<input type="checkbox"/>	12	Helicopter Aerodynamics, Structures & Systems	<input type="checkbox"/>
4	Electronic Fundamentals	<input type="checkbox"/>	13	Aircraft Aerodynamics, Structures & Systems	<input type="checkbox"/>
5	Digital Techniques/Electronic Instrument Systems	<input type="checkbox"/>	14	Propulsion	
6	Materials and Hardware	<input type="checkbox"/>	15	Gas Turbine Engine	<input type="checkbox"/>
7	Maintenance Practices	<input type="checkbox"/>	16	Piston Engine	<input type="checkbox"/>
8	Basic Aerodynamics	<input type="checkbox"/>	17	Propeller	<input type="checkbox"/>
9	Human Factors	<input type="checkbox"/>	18	Reserved	<input type="checkbox"/>
			19	Essays	<input type="checkbox"/>

Examination credit claimed:

.....

7. Aircraft Type Rating (held on current licence)

Licence Category	Aircraft Type

8. TYPE RATING APPLICATION(S) & REMOVAL OF LIMITATIONS (refer to Note 10 of Guidance document) (tick appropriate box(es))

Aircraft Type / Series	Engine	Category			Course Completion Certificate enclosed	
		B1	B2	C	Yes	No

9. DUPLICATE LICENCE REQUEST (refer to Note 11 of the Guidance document)

Circumstances of lost or stolen licence:

.....
.....
.....
.....

What enquiries have been made and where?

.....

If loss was reported to the Police, please enclose the police report:

10. CHANGE OF NAME OR NATIONALITY (refer to Note 12 of the Guidance document) (tick appropriate box(es))

Previous details:

Surname Forename (s)

Nationality:

Reversion details:

Surname Forename (s)

Nationality:

Documents(s) enclosed

No other form of identity will be accepted

National ID card no. Passport

11. ASSESSOR'S CERTIFICATION AND EVALUATION (refer to Note 13 of the Guidance document)

I confirm that I have evaluated and agreed the extent of practical skills and maintenance experience necessary for this person to submit application for the required licence/rating.

Name (block capitals) Position

Company Approval Number

Telephone Number Fax Number

Signature Date

12. REFEREE (refer to Note 14 of this Guidance document)

I confirm that the details contained in this application to the best of my knowledge are true in every respect and the document supporting it certified as a true copy.

Name (block capitals) Position

Company Approval Number

Telephone Number Fax Number

Signature Date

13. DECLARATION (refer to Note 15 of this Guidance document)

I declare that the information provided on this form is correct.

Signature Date

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

14. SUBMISSION AND PAYMENT INSTRUCTIONS

Send your completed application form to Civil Aviation Department, 7th Floor, P.A Complex, Hilaalee Magu, Male' 20307, Republic of Maldives, together with MRF/US\$ being the fee payable in accordance with MCAR-187.

Cheques should be made payable to 'Civil Aviation Department' and cheques should be drawn on a bank in the United States of America or a bank in the Maldives. If the person wishes to pay by Telex Transfer, the bank details of CAD is available upon request.

Receipt No: Date:(CAD USE ONLY)

Note: *Please refer to the guidance document which provides information on how to complete the application form.*