



**CIVIL AVIATION DEPARTMENT  
MALE'  
REPUBLIC 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  |  |   |
| Flight time Last twelve months   |  |   |
| Date of previous PPC   |  |   |
| <u>Enclosures</u><br>Copy of Original Licence<br>Copy of class 1 medical certificate<br>Copy of logbook certified by independent source<br>Evidence of last Proficiency check (It must be within the previous six months)<br>Copy of National ID card (For locals)<br>Copy of Passport (For foreigners)<br>Fee – as per MCAR 187 |  | Receipt number<br>Checked by<br>Approved by<br>Issued by<br>Number<br>Date issued |

Certification

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

Signed \_\_\_\_\_

Date \_\_\_\_\_