



**CIVIL AVIATION DEPARTMENT  
MINISTRY OF TOURISM AND CIVIL AVIATION**

Male'  
Republic of Maldives

**APPLICATION FOR ISSUE/RENEWAL OF AIR TRAFFIC CONTROLLER'S LICENCE**

**PERSONAL PARTICULARS**

Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Present Address \_\_\_\_\_  
Citizen of \_\_\_\_\_  
Organisation \_\_\_\_\_  
Date and place of Birth \_\_\_\_\_  
Date and Signature of Applicant \_\_\_\_\_

**FORM APPLIED FOR**

Mark X in the appropriate square

- issue of Student ATC licence  
 issue of ATC licence  
 renewal of licence  
 inclusion of rating
- Clearance Delivery  
 Aerodrome  
 Approach  
 Area  
 Radar

EXAMINATION AND TESTS			ENCLOSURES	
SUBJECT	DATE OF TEST	PASS/FAIL	<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Two Stamp size photo <input type="checkbox"/> Fees for issue Mrf	
Air Law Examination				
Medical Examination				
Competency check date	Aerodrome	Approach	Area	Radar
FOR OFFICIAL USE ONLY				
LICENCE NO	REMARKS	DATE	ISSUE INSTRUCTIONS	
Checked by: _____			Authorising signature _____	