

Maldives Civil Aviation Authority Republic of Maldives

CAA FORM OPS 02

APPLICATION FOR CABIN CREW GENERAL EXAMINATION

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT

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

1. APPLICANT DETAILS	To be complete	ed by the Applicant
	•	
Title: Forename:	Surname:	
Date of birth (dd/mm/yyyy):	Nationality:	
Town of birth:	Country of birth:	
	Postcode:	
	Mobile telephone:	
2. ATO/OPERATOR DETAILS To be completed by the ATO/Operator		
N	N 1	
	Number:	
Postal Address:		
	Postcode:	
Telephone:	Mobile telephone:	
E-mail:		
3. TRAININGS, EXAMINATIONS ANI	To be completed by	the ATO/Operator
1	has satisfactorily co	ompleted a course of
training in accordance with MCAR AIRCR	REW Part CC:	
Signature (Head of Training):	Date:	
4. DECLARATION OF APPLICANT	To be complet	ed by the Applicant
I declare that the information provided on t	this form is correct	1
Name:	Signature:	Date:
Document	s to be submitted	For CAA use
Training Records/certificate copy		
A copy of national ID card or Passport		
• Copy of work permit (For foreigners)		