



VERIFICATION OF LICENCES FOR VISA APPLICATION

Details of Nominating Organisation

1 Name of Organisation

2 Address

3 Contact Officer for enquires
 Name
 Phone
 Email

4 Has the business lodged any nominations previously?
 Yes No

5 Do you agree to CAD communicating you by e-mail or other electronic means?
 Yes No

Details of Position Offered

6 Job title and occupation
 Title
 Pilot AME (Note 1)

7 Location of employment

8 What is the position's total remuneration package (per annum)?
 MVR

9 What is the position's base annual salary? (Note 2)
 MVR

10 Please provide a brief job description

11 Please outline the formal training and experience required for the position

12 Efforts made by the company to recruit a Maldivian Advertisements (Give reference if 'Yes')
 Yes No
 Reference
 Enquiry with the National Career Guidance Center
 Yes No

Details of Nominee

13 Full Name

14 Date of birth

15 Nationality

16 Vocational English (Note 3)

Training Requirements

17 What is the total number of Maldivian employees employed in your business? (If more than 50, please provide nearest estimate)
 Full-time Part-time

18 Of these Maldivian employees, how many are:
 Licenced AMEs?
 Licenced Pilots?
 Aircraft Mechanics?

19 What is the total number of foreign employees in your business?

20 Of these foreign employees, how many are:

Licenced AMEs?

Licenced Pilots?

Aircraft Mechanics?

21 Of the employees recruited by your business during the last 12 months how many were:

Maldivians?

Foreign nationals?

22 What is the expenditure on training (accredited and informal) of Maldivians as a percentage of gross wages expenditure for the most recent financial year?

23 Please provide details of training opportunities provided to Maldivian employees for the most recent financial year

24 What is the estimated expenditure on:

Formal training?

Other training (e.g. OJT)?

Declaration

25 **WARNING:** Giving false or misleading information is a serious offence.
I declare that the foregoing particulars and answers are true in every respect.

Signature of nominator

Date

Full name

Designation

List of Documents Attached

26 List of documents attached

List all the documents (including additional sheets of information) with your application

Question	Document	Attached?
13-16	Licence Copy	
16	Evidence of English competency	
17-24	Evidence of training strategy or training program	
N/A	Additional sheets	

Notes to be read when completing the form

#	Details
1	Please refer to MCAR-187(3.8.3(b)) for the fees
2	Gross salary paid excluding any additional payments or allowances
3	Methods of demonstrating vocational English include ICAO Operational Level 4, IELTS test score 5 or other test score equivalent to these. Applicants with English as a first language also will be considered under this category
4	Processing Time: Verification processing time is directly related to the processing time of the licence issuing Authority. CAD Inspector will give an estimate of the processing time based on the Nationality of the applicant

Submissions 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)

CAD USE ONLY

Processing time notified to Applicant?

Yes No

Licence verified?

Yes No

Licence copy stamped and signed by authorised officer?

Yes No

Verification sent to Applicant?

Yes No

Inspector

Signature

Date