



**CIVIL AVIATION DEPARTMENT
MALE'
REPUBLIC OF MALDIVES**

Application for Issue of Private Pilot Licence (Aeroplanes)
(On the basis of foreign flight crew licence)

		CAD use only
(1) Details to appear on licence		
Full Name of Applicant		Verified by
Date of Birth		
Permanent Address		
Nationality		
Aeroplane Class Ratings requested (Single/Multi/land/Sea)		Assessed by
Aeroplane Type Ratings requested (Types must be on Maldives Register)		
Other ratings requested (Instrument or Flight Instructor)		

(2) Supporting information (Experience details on reverse)

Applicant Contact Phone Number		Verified by
Original Licence Type/Number		
Issued by		
Valid to		
Limitations on Licence		
Class 2 Medical valid to:		
Limitations on Medical Certificate		
Maldivian Air Law Examination result		

Enclosures

Copy of Original Licence
Copy of logbook certified by independent source
Copy of National ID card (For locals)
Copy of Passport (For foreigners)
Original of the Maldivian Air Law examination results
2 Stamp size photographs
Maldives medical certificate
Fee – as per MCAR 187

Receipt number	
Checked by	
Approved by	
Issued by	
Number	
Date issued	

Certification

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

Signed _____

Date _____

Experience Claimed

Criteria	ICAO Standard	Hours
Aeroplane Category Rating		
a) Hours completed during a course of approved training	Count not less than 35 as a pilot of aeroplane appropriate to the class rating	
b) Time under instruction in a flight simulation training device	Count not less than 5	
c) Flight time as a pilot of aircraft in other categories	Count not less than 10	
d) Solo flight time appropriate to the class rating sought	Count not less than 10 hours under the supervision of authorized flight instructor	
e) Cross-country flight time	Count not less than 5 hours with at least one cross country flight totaling not less than (270 km) 150 NM in the course of which full-stop landings at two different aerodromes are made.	
Total Flight Time Total of a) b) c) d) and e)	Minimum 40 hours	
Helicopter Category Rating		
f) Hours completed during a course of approved training	Count not less than 35 as a pilot of helicopter appropriate to the class rating	
g) Time under instruction in a flight simulation training device	Count not less than 5	
h) Flight time as a pilot of aircraft in other categories	Count not less than 10	
i) Solo flight time appropriate to the class rating sought	Count not less than 10 hours under the supervision of authorized flight instructor	
j) Cross-country flight time	Count not less than 5 hours with at least one cross country flight totaling not less than (180 km) 100 NM in the course of which full-stop landings at two different aerodromes are made.	
Total Flight Time Total of f) g) h) i) and j)	Minimum 40 hours	
Airship Category Rating		
k) Cross-country flight time	Count not less than 3 hours with at least one cross country flight totaling not less than (45 km) 25.	
l) Total number of take-offs and landings	Count not less than 5, to a full stop, at an aerodrome with each landing involving a flight in the traffic pattern at an aerodrome	
m) Instrument time	Count not less than 3	
n) Hours as a pilot	Count not less than 5, assuming the duties of pilot in command under the supervision of the pilot in command	
Total Flight Time Total of k) l) m) and n)	Minimum 25 hours	

Assessment: Meets Standard

Assessed by Name _____

Meets standard with night restriction

Signature _____

Does not meet standard

Date _____

Date: 1.09.2010