



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

**APPLICATION FOR AIRLINE TRANSPORT PILOT LICENCE  
TECHNICAL EXAMINATION (AEROPLANE/HELICOPTER)**

1. (a) Full Name :.....  
(b) Name with initials:.....
2. Permanent Address:.....  
.....
3. Telephone No.: ..... 4. Fax No.....
5. Email Address: .....
6. Nationality: ..... 7. Date of Birth: D.....M.....Y.....
8. ID/Passport No:.....
9. (a) Name of the Flying school: .....  
(b) Address:.....  
.....
10. PPL/CPL No. .... Last date of validity: .....
11. Subjects applied for
  - (a) Air Law & Operational Procedures
    - i. Part 01 – Air Law ☐
    - ii. Part 02 – Operational Procedure ☐
  - (b) Aircraft General Knowledge, Principle of Flight
    - i. Part 01 – Airframe/Systems/Power plant ☐
    - ii. Part 02 – Instrument/electronics ☐
    - iii. Part 03 – Principle of Flight ☐
  - (c) Flight Performance & Planning
    - i. Part 01 – Performance ☐
    - ii. Part 02 – Mass and Balance ☐
    - iii. Part 03 – Flight Planning & Monitoring ☐
  - (d) Human Performance & Limitation
  - (e) Meteorology ☐
  - (f) Navigation ☐



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- i. Part 01 – General Navigation ☐
- ii. Part 02 – Radio Navigation ☐
- (g) Communications ☐
- (h) English Language Proficiency Check ☐

12. (a) Is this your first attempt      Yes ☐      No ☐

(b) If “No”, the dates of First attempt: .....

13. Subjects passed in first and other attempts:

No	Subjects	Attempt No	Year & Month
1			
2			
3			
4			
5			
6			
7			

14. Flying Experience :

	Dual	Solo
(a) Hours claimed as Pilot of Aeroplanes/Helicopters	.....	.....
(b) Night Flying	.....	.....
(C) Cross Country	.....	.....
(d) Instrument Time	.....	.....

15. Type of Aircraft: .....

I certify that the above particulars furnished by me are true and accurate to the best of my knowledge.

Date: ..... .....

Signature of the candidate

(Please attach the course completion certificate)