



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AMEL-003</b>
<b>TITLE:</b>	<b>APPLICATION FOR ADDITIONAL TYPE RATING OF AIRCRAFT MAINTENANCE ENGINEER LICENCE</b>	

**INSTRUCTION:**

Please complete this form, either electronically / type written or, write in Block Capitals using black or dark blue ink. Fill in the full name as it is shown in the passport. Put a tick (✓) in the box for the appropriate option to choose. Failure to sign the form or to fill out the boxes and sections with correct information may result in delay or rejection of your application

**PART – 1 - APPLICANT DETAILS**

Name: \_\_\_\_\_ Gender:  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Licence No.: \_\_\_\_\_ ID Card/Passport No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Number (s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART – 2 - DOCUMENTS CHECKLIST / ATTACHEMENTS**  
(Please enclose the following documents in support of this application)

S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request letter from applicant, operator or TOs	<input type="checkbox"/>
2-	Copy of type rating training course completion certificate from approved TOs	<input type="checkbox"/>
3-	Copy of current AME licence	<input type="checkbox"/>
4-	Copy of On Job Training (OJT) / Experience completion certificate	<input type="checkbox"/>
5-	Copy of CAMA examination results	<input type="checkbox"/>
6-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
7-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
8-	Other (Specify if any): _____	

**PART – 3 - LICENSE DETAILS**

Has your license ever been suspended or revoked?  Yes  No  
(If so, please submit details in separate sheet)

**PART – 4 - APPLICATION DETAILS**

Additional Ratings:  Airframe  Powerplant  Airframe & Powerplant  Avionics

**PART – 5 - REQUESTED TYPE RATING DETAILS**

Name of Approved Training Organization: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

S. No.	Type Ratings (Specify if any)	CAMA Examination Date (dd/mm/yyyy)	Examiner Name and Designation No.
1-			
2-			
3-			
4-			
5-			
6-			



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**PART – 6 - APPLICANT DECLARATION**

Photo  
with uniform  
& blue  
background

I hereby declare and certify that I have read and understood all the questions and notes set forth in this application and the answers I have furnished on all pages of this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of this application or the revocation/suspension of the licence or rating.

[Signature Box]

Signature of Applicant (Sign inside the above box)

Date: \_\_\_\_\_

**PART – 7 - CAMA ACTION  
(For CAMA Use Only)**

**7-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION**

1- Knowledge:  Acceptable  Not acceptable

2- (OJT) / Experience:  Acceptable  Not acceptable

Forward  Request More Information  Reject  Approve

Comments of Inspector / Officer assigned to this application:

Name of Inspector / Officer assigned to this application: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**7-2 PEL MANAGER / D.G. OF PEL & EXAMINATION**

Reject  Approve

Name of PEL Manager / D.G. of PEL & Examination: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_