



SECTION:	LICENSING FORMS	
TITLE:	APPLICATION FOR INITIAL ISSUE/ CONVERSION OF AIRCRAFT MAINTENANCE ENGINEER LICENCE & RATING	LIF- AMEL-001

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: _____

CAMA Licence No. (if any): _____ ID Card/Passport No.: _____

Nationality: _____ Name of Employer (if any): _____

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 TO	<input type="checkbox"/>
2-	Copy of an aircraft maintenance engineer course completion certificates from approved TOs or Meet the experience requirement of the YCARs Part II for the issuance of AMEL	<input type="checkbox"/>
3-	Copy of national ID card / passport (Must be (18) years of age)	<input type="checkbox"/>
4-	Copy of foreign licence and medical certificate	<input type="checkbox"/>
5-	Original copy of verification / authentication letter from the contracting state	<input type="checkbox"/>
6-	Copy of On Job Training (OJT) / Experience completion certificate	<input type="checkbox"/>
7-	Copy of CAMA examination results	<input type="checkbox"/>
8-	Copy of current medical certificate (For initial issue only)	<input type="checkbox"/>
9-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
10-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
11-	Other (Specify if any): _____	

PART – 3 - LICENSE DETAILS

Do you hold or ever held an AME License? Yes No (If so, please complete the following Item).
Licence Number: _____, Expiry Date: _____

Do you hold a Foreign AME Licence? Yes No (If so, please complete the following items):
Number: _____ Authority: _____ Licence Type: _____

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

PART – 4 - APPLICATION DETAILS

Ratings: Airframe Powerplant Airframe & Powerplant Avionics

Name of approved Training Organization: _____ Graduation Date: _____

PART – 5 - 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 of Applicant (Sign inside the above box)

Date: _____



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**PART – 6 - CAMA ACTION
(For CAMA Use Only)**

6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

1- Age: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	4- Experience: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
2- Knowledge: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable	5- Others: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
3- Medical: <input type="checkbox"/> Acceptable <input type="checkbox"/> 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:** _____

6-2 PEL MANAGER / D.G. OF PEL & EXAMINATION

Reject **Approve**

Name of PEL Manager / D.G. of PEL & Examination: _____

Signature: _____ **Date:** _____