



SECTION:	LICENSING FORMS	
TITLE:	APPLICATION FOR AMENDMENT / REPLACEMENT OF AIRCRAFT MAINTENANCE ENGINEER LICENCE (LOST, DAMAGED OR CHANGE OF INFORMATION)	LIF-AMEL-004

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: <input type="checkbox"/> Male <input type="checkbox"/> 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, employer or FTO	<input type="checkbox"/>
2-	Copy of current licence	<input type="checkbox"/>
3-	Copy of current national ID card / passport	<input type="checkbox"/>
4-	Original copy of licence (For damaged license / change of information)	<input type="checkbox"/>
5-	Police report (For lost license)	<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 – CHANGE OF INFORMATION
Please list the items to be changed

Item to Be Changed	Old Item (Same as On License)	New Item
<input type="checkbox"/> Name		
<input type="checkbox"/> Date Of Birth (DOB)		
<input type="checkbox"/> Nationality		
<input type="checkbox"/> Employer		

PART – 4 - LICENSE DETAILS

Aircraft Maintenance Engineer Licence No: _____	Expiry Date: _____
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please submit details in separate sheet)	



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PART – 5 - APPLICATION DETAILS

Application Type: Change of Information Lost Damaged

PART – 6 - APPLICANT DECLARATION



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: _____

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

6-1 INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

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: _____