



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF-AMEL-002</b>
<b>TITLE:</b>	<b>APPLICATION FOR RENEWAL OF AIRCRAFT MAINTENANCE ENGINEER LICENCE &amp; RATING</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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth:	Age:	
Licence No.:	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, employer or TOs	<input type="checkbox"/>
2-	Copy of continuations training certificate from TOs (For type rated engineer only)	<input type="checkbox"/>
3-	Copy of current AME licence	<input type="checkbox"/>
4-	Colour passport size photo with uniform & blue background	<input type="checkbox"/>
5-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
6-	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**

Ratings:  Airframe  Powerplant  Airframe & Powerplant  Avionics

**PART – 5 - TYPE RATING DETAILS (Specify if any)**

S. No.	Type Ratings	Remarks (If any)
1-		
2-		
3-		
4-		
5-		
6-		
7-		



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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:** \_\_\_\_\_