



APPLICATION FOR AIRCRAFT MAINTENANCE LICENCE (AML)

| | | | | | | |
|--|----------------------|----------------|---|------|-----|-------------|
| <input type="checkbox"/> INITIAL ISSUANCE <input type="checkbox"/> REISSUANCE <input type="checkbox"/> RENEW | | | Please staple or clip here: 2 COLOURED PHOTOGRAPHS Dimensions : h = 4cm, w = 3cm (Matt Finish) | | | |
| REASON: BAHRAIN AML NO: | | | | | | |
| CATEGORY(S) REQUESTED : | | | | | | |
| NAME : CPR No.: ADDRESS: TEL: | | | | | | |
| DATE OF BIRTH (dd/mm/yy) | HEIGHT (cm) | WEIGHT (kg) | HAIR | EYES | SEX | NATIONALITY |
| FOREIGN LICENCE / CERTIFICATE : TYPE : NO.: VALID UP TO: RATINGS: LIMITATIONS: COUNTRY: | | | | | | |
| HAS THE LICENCE EVER BEEN REFUSED, REVOKED OR SUSPENDED? NO YES (if YES, explain) | | | | | | |
| ENGINEERS / TECHNICIANS SHOULD COMPLETE THIS SECTION: | | | | | | |
| AVIATION EXPERIENCE (5 YRS) (TYPE OF WORK PERFORMED) | | FROM | | TO | | EMPLOYER |
| | | mm | yy | mm | yy | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (Continue on a separate sheet if more space is needed) | | | | | | |
| AVIATION TRAINING | | FROM | | TO | | LOCATION |
| Subject / Aircraft | College/Organisation | mm | yy | mm | yy | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

1 I will return the certificate of Bahrain CAA within two weeks upon termination of employment with the Employer/Sponsor listed below following expiration (if applicable), or the reissuance of a new Bahrain CAA Certificate; whichever occurs first.

2 I understand that wilful false statements made on this form may result in legal action under the laws of The Kingdom of Bahrain.

3 I certify that all information furnished by me on this application is true and correct to the best of my knowledge.

Signature of Applicant : _____ **Date :** _____

RECOMMENDING SUPERVISOR / MANAGER :

NAME: _____ TITLE: _____

CERT NO: _____ SIGNATURE _____ DATE: _____

EMPLOYER / SPONSOR SHOULD COMPLETE THIS SECTION:

List of attachments (Initial and Check if applicable)

| | | |
|--|-------|--------------------------|
| 1. Copy of Foreign License / Certificate. | _____ | <input type="checkbox"/> |
| 2. Copy of Bahrain CAA Licence (if applicable) | _____ | <input type="checkbox"/> |
| 3. Copy of Official receipts showing payment of fee (if applicable). | _____ | <input type="checkbox"/> |
| 4. Evidence of training and experience. | _____ | <input type="checkbox"/> |
| 5. Evidence of continuation training. | _____ | <input type="checkbox"/> |
| 6. Copy of CPR and Passport | _____ | <input type="checkbox"/> |

I certify that the copies of documents initialled above are true copies of original documents which I have reviewed. I recommend a Bahrain CAA AML be issued to the applicant.

ORGANISATION : _____ OFFICIAL STAMP: _____

NAME : _____ SIGNATURE: _____

TITLE: _____ DATE: _____

BCAA INSPECTOR'S REPORT:

REMARKS: _____

SIGNATURE: _____ DATE: _____

APPROVED DISAPPROVED ANTR/AIP TEST REQUIRED

CHIEF AVIATION PERMITS & LICENSING _____ DATE: _____