



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: _____