



## APPLICATION FOR AIRCRAFT MAINTENANCE LICENCE (AML)

<input type="checkbox"/> INITIAL ISSUANCE <input type="checkbox"/> REISSUANCE <input type="checkbox"/> RENEW			Please staple or clip here:  <b>2 COLOURED PHOTOGRAPHS</b> 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
<b>FOREIGN LICENCE / CERTIFICATE :</b> TYPE : ..... NO.: ..... VALID UP TO: ..... RATINGS: ..... LIMITATIONS: ..... COUNTRY: .....						
<b>HAS THE LICENCE EVER BEEN REFUSED, REVOKED OR SUSPENDED?</b> NO ..... YES ..... (if YES, explain) .....						
<b>ENGINEERS / TECHNICIANS SHOULD COMPLETE THIS SECTION:</b>						
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: \_\_\_\_\_