



APPLICATION FOR INITIAL/AMENDMENT/RENEWAL OF PART-66 AIRCRAFT MAINTENANCE ENGINEER LICENCE (AML)

APPLICANTS DETAIL		
Name		
Nationality:		
National ID or PP Number:		
Permanent Address:		
City: Postcode: Country:		
Present Address:		
City: Postcode: Country:		
Telephone Number		
E-mail		
PART-66 AML Details (if applicable):		
Licence No: Date of Issue:		
EMPLOYERS DETAILS (if applicable):		
Name:		
Address:		
Maintenance Organization Approval Reference:		
Tel: Date employment commenced:		
APPLICATION FOR: (Tick relevant boxes):		
1. Initial issue of AML 3a. Type Endorsements: 3c. Removal of Limitation (Type):		
2. Renewal of AML 3b. Removal of Limitation (Basic): 3d. Change of Applicants Details:		
3. Amendment to AML:		
Rating A B1 B2 B3 C Agronland Turbing Image: Complete the second s		
Aeroplane Turbine Image: Constraint of the second seco		
Helicopter Turbine		
Helicopter Piston		
Avionics		
Piston engine non-pressurised aeroplanes of MTOM of 2000 kg & below		
Large Aircraft		
Aircraft other than large aircraft		

Type endorsements/Limitation removal List full airframe/engine combination (if applicable):		
EXPERIENCE		
Part-147 Student: Year Year Months. Other Experienced Applicants:		
Experience credits claimed (if applicable):		
EXAMINATION MODULES COMPLETED		
Full Modules(Circle as appropriate): 1, 2, 3, 4, 5, 6, 7A, 7B, 8, 9A, 9B 10, 11A, 11B, 11C, 12, 13, 14, 15, 16, 17A, 17B;		
Part Modules:		
Copy of Certificates/documents to be attached Initial issue of AML Renewal of AML	Amendment to AML(3a,3b,3c & 3d)	
National ID/Passport National ID/Passport	National ID/Passport	
Part-66 module(s)	Part-66 AML	
AME logbook	Part-66 module(s)	
Conversion to Part-66 AML Type Training Certificates		
National ID/Passport Part-66 module(s)	Evidence of a/c type experience	
Part-D AML Evidence of current experience	Police report signed and dated (if	
	applicable	
Charges		
Fee of Taka: In words:		
Bank details:		
Receipt No: Date:		
Declaration by the applicant:		
I wish to apply for initial/amendment/renewal of Part-66 AML as indicated and confirm that the information contained in		
this form was correct at the time of application.		
I understand that any incorrect information could disqualify me from holding a Part-66 AML.		
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Signed:Name:		
Data		
Date:		
Recommendation (if applicable): It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of Part-66 and it is recommended that CAAB may grant or endorse the Part-66 AML.		
Signed:		
Position: Date:		

General Guidance: ANO (AW) PART -66 Licence Application Form for Initial Issue/Amendment/Renewal

Having clear concise supporting data will enable CAAB to issue licences more effectively and with less risk of errors or rejections. CAAB may contact you for clarification of details on applications and therefore it is most important that you have the correct information before applying. For initial AML, initial type endorsements and amendment of AML, Aircraft Maintenance Engineer's Log Book appropriate section has to be completed and submitted.

Please note failure to submit a correctly completed application form and the required documentation will lead to the rejection of your application.

Applicants Details To be completed in all cases

Licence Details Required for every application other than initial AML

Employers Details

To be completed if applicable

Application

Indicates what type of licence you are applying for. For type rating(s) endorsement, please list the individual types by airframe engine combination.

Category

Required for initial or any amendments to the AML.

Experience / Examination Modules Completed

To be completed for initial or amendments to AML or
 Claiming an exam accredited and recognized by the CAAB.

Copy of Certificates/documents to be attached

All the applicable documents and certificate to be attached to the CAAB Form 19.

Charges

This application will not be processed until the applicable charges have been received.

Declaration

By signing the declaration you are confirming that all of the information is correct and true.

Recommendation

The referee required to countersign the form must be a Quality Manager or the immediate senior person within the Quality Department of your current employer, or the organisation where the experience was gained.