



**Application for Initial/Amendment/Renewal of MCAR-66 Aircraft Maintenance Licence (AML)**

**1.0 APPLICANT INFORMATION**

MCAR-66 Licence Number (If known): \_\_\_\_\_ ID or PP Number: \_\_\_\_\_

Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Nationality: \_\_\_\_\_

City of Birth \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Correspondence Address (If different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax number: \_\_\_\_\_

**2.0 EMPLOYER DETAILS**

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Maintenance Organization Approval Reference: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date Employed: \_\_\_\_\_

**3.0 APPLICATION (tick as appropriate)**

Initial issue of AML:	<input type="checkbox"/>	Type Endorsements:	<input type="checkbox"/>	Renewal of AML:	<input type="checkbox"/>
Addition of (Sub)Category:	<input type="checkbox"/>	Removal of Limitation (Basic):	<input type="checkbox"/>	Removal of Limitation (Type):	<input type="checkbox"/>
Change of Applicants Details:	<input type="checkbox"/>	Replacement:	<input type="checkbox"/>		

3.1 (SUB)CATEGORIES (tick as appropriate)								
(SUB)CATEGORIES	A	B	B2	B2L	B3	C	L	
Aeroplane Turbine	A1	<input type="checkbox"/>	B1.1	<input type="checkbox"/>				(See section 3.3)
Aeroplane Pistons	A2	<input type="checkbox"/>	B1.2	<input type="checkbox"/>				
Helicopter Turbine	A3	<input type="checkbox"/>	B1.3	<input type="checkbox"/>				
Helicopter Piston	A4	<input type="checkbox"/>	B1.4	<input type="checkbox"/>				
Avionics (read Guidance Notes 5 first)				<input type="checkbox"/>	<input type="checkbox"/>			See section (3.2)
Piston engine non-pressurised aeroplanes of MTOM of 2t and below					<input type="checkbox"/>			
Complex motor-powered aircraft						<input type="checkbox"/>		
Aircraft other than complex motor-powered aircraft						<input type="checkbox"/>		

3.2 SYSTEM RATINGS FOR THE B2L LICENCE	B2L	Please read Guidance Note 5 first
Autoflight	<input type="checkbox"/>	
Instruments	<input type="checkbox"/>	
Com / Nav	<input type="checkbox"/>	
Surveillance	<input type="checkbox"/>	
Airframe Systems	<input type="checkbox"/>	

3.3 L-LICENCE SUBCATEGORIES		
L1C: Composite sailplanes		<input type="checkbox"/>
L1: Sailplanes		<input type="checkbox"/>
L2C: Composite powered sailplanes and composite ELA1 aeroplanes		<input type="checkbox"/>
L2: Powered sailplanes and ELA1 aeroplanes		<input type="checkbox"/>
L3H: Hot-air balloons		<input type="checkbox"/>
L3G: Gas balloons		<input type="checkbox"/>
L4H: Hot-air airships		<input type="checkbox"/>
L5: Gas airships other than ELA2		<input type="checkbox"/>

**3.4 TYPE ENDORSEMENTS/RATING ENDORSEMENTS – List full airframe/engine combination (if applicable):  
LIMITATION REMOVAL (Detail Basic & Type Limitations for removal)**

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<b>3.5 EXAMINATION &amp; TRAINING CREDITS</b>
<p>I wish to claim the following credits (if applicable):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Knowledge/Experience credits for MCAR-147 training:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Examination credits for equivalent exam certificates:</p> <p>.....</p> <p>.....</p> <p>.....</p>

<b>4.0 SUMMARY OF APPLICANTS ON-AIRCRAFT EXPERIENCE - <i>Not applicable for CATEGORY C or MCAR-66 renewal applications</i></b>				
Dates		Aircraft	Engine(s) and/or Equipment	Description of Work
From	To			

<b>4.1 EXPERIENCE GAINED ON <i>(Select as applicable, B1.2, B3 &amp; L applications only)</i></b>			
Metal tubing structure covered with fabric aircraft	<input type="checkbox"/>	Composite structure aircraft	<input type="checkbox"/>
Metal structure aircraft	<input type="checkbox"/>	Pressurised aircraft	<input type="checkbox"/>
Wood structure & fabric aircraft	<input type="checkbox"/>	Other than ELA1 Gas Balloons	<input type="checkbox"/>
Commercial Air Transport	<input type="checkbox"/>	Complex Tasks & Standard Changes	<input type="checkbox"/>
1 Year Experience Derogation (L licence only)	<input type="checkbox"/>	ELA1 Aeroplanes	<input type="checkbox"/>

<b>4.2 DEMONSTRATED ON-AIRCRAFT SKILLS CONTAINED WITHIN THE WORK RECORDS (As applicable, tasks typically recorded within Sec 3.1 of Logbook)</b>	
Avionic LRU's	<input type="checkbox"/>
EWIS, CDCCL, AL, AWL tasks	<input type="checkbox"/>
Troubleshooting	<input type="checkbox"/>
Removal & installation of components	<input type="checkbox"/>
Electrical Hand Skills, Wiring, Crimping, Connective Devices, simple test equipment	<input type="checkbox"/>
Avionic Systems	<input type="checkbox"/>
Propeller(s)	<input type="checkbox"/>
Metal structure aircraft damage assessment & repair	<input type="checkbox"/>
Composite structure aircraft damage assessment & repair	<input type="checkbox"/>
Wood structure & fabric aircraft damage assessment & repair	<input type="checkbox"/>
Metal tubing structure covered with fabric aircraft damage assessment & repair	<input type="checkbox"/>
Review of aircraft technical log & records demonstrating AD/ SB, special instructions compliance	<input type="checkbox"/>

<b>5.0 RECOMMENDING SIGNATORY REVIEW (not required for MCAR-66 renewal).</b>	
Application to be reviewed and this section completed by the recommending signatory only. Non-Applicable sections shall be annotated "N/A".	
<b>5.1 EXAMINATIONS (Basic)</b>	
The examination certificates (Form 148) have been reviewed and meet the requirements.	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>- Issue number correct &amp; certificate is valid</li> <li>- Correct knowledge level</li> <li>- Training delivered is clearly identified (Examination Only, Basic training Course Only, Basic Training Course &amp; Examinations)</li> <li>- Supply original certificates or certified true copy</li> </ul>	
<b>5.2 EXAMINATIONS (Type)</b>	
The examination certificates (Form 148) have been reviewed and meet the requirements.	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>- Issue number correct &amp; certificate is valid</li> <li>- Correct knowledge level</li> <li>- Training delivered is clearly identified and both theory &amp; practical training is included</li> <li>- Supply original certificates or certified true copy</li> </ul>	
<b>5.3 EXAMINATIONS (Type - Differences Applications)</b>	
Licence is endorsed with the aircraft type rating from which the differences are being identified	<input type="checkbox"/>
Completed the type training requirements for the aircraft type rating from which the differences are being identified	<input type="checkbox"/>
The certificate(s) shall identify whether the interface areas have been covered	<input type="checkbox"/>

<b>5.4 CATEGORY 'C' LICENCE</b>	
Complex Motor - Powered Aircraft	<input type="checkbox"/>
Or	
Aircraft other than Complex – Motor powered Aircraft	<input type="checkbox"/>
Support Staff experience requirement as defined in 66.A.30 (3) has been verified <i>Record the applicant's duration of base maintenance experience (in months) AMC 66.A.30(a)(2)</i>	<input type="checkbox"/>
Certified true copies of applicant's company authorisations to be supplied to support the application. <i>(Ensure the full duration is demonstrated on these documents)</i>	<input type="checkbox"/>
<b>5.5 ON THE JOB TRAINING (OJT) (first in category / subcategory type applications. Mandatory for aircraft classified as Group 1)</b>	
Organisation has been approved by the CAA to deliver OJT	<input type="checkbox"/>
Compliance report to support the OJT	<input type="checkbox"/>
OJT logbook / worksheets verified & supplied with application	<input type="checkbox"/>
Sufficient quantity and diversity of OJT completed IAW MOE approval	<input type="checkbox"/>
OJT shall have been completed and started within the 3 years preceding the application	<input type="checkbox"/>
OJT contains only applicable tasks for the type rating applied for	<input type="checkbox"/>
<b>5.6 WORK EXPERIENCE &amp; RECORDS</b>	
Applicant satisfies the minimum duration of on aircraft experience (66.A.30 (a), (e), AMC 66.A.30(a)(4), (5), AMC 66.A.30(e)) for the rating applied for (Only work on operational aircraft will be acceptable)	<input type="checkbox"/>
Application is compliant with the recent experience requirement (66.A.30(d))	<input type="checkbox"/>
Experience within the work record is consistent with no large gaps of inactivity (typically over 2 months)	<input type="checkbox"/>
Recorded tasks shall clearly show the aircraft, registration, job number/work order/technical log reference (as applicable) and countersigned by certifying staff	<input type="checkbox"/>
Is there within the logbook a list of the supervisors/signatories to show licence numbers/authorisation stamp numbers where signature and licence number has not been recorded.by certifying staff member.	<input type="checkbox"/>
Work tasks have been clearly recorded to give the reader a clear understanding of the work performed with AMM/FIM/SRM references included as applicable and sufficient quantity and diversity of tasks within the systems has been demonstrated	<input type="checkbox"/>
Applicant is clearly identified on each page of the work records and whenever possible arranged in system/chapter/ATA order	<input type="checkbox"/>

<b>5.7 APPLICATION DECLARATIONS</b>	
<b>** Applicant Declaration</b>	
I am applying for initial issue <input type="checkbox"/> amendment <input type="checkbox"/> renewal <input type="checkbox"/> replacement <input type="checkbox"/> of MCAR-66 AML as indicated.	
I declare that to the best of my knowledge all particulars entered within this application are accurate. <input type="checkbox"/>	
I confirm that:	
I never had an AML issued in another State which was revoked or suspended <input type="checkbox"/>	
I also understand that any incorrect information could disqualify me from holding a MCAR- 66 AML in addition to the False Representation penalties highlighted above <input type="checkbox"/>	
I agree to pay the charges payable in accordance with MCAR-187. <input type="checkbox"/>	
Name:	
Signature:	
Date:	
<b>** Recommending Signatory Review Declaration - (not required for MCAR-66 renewal)</b>	
I hereby certify that a review of the applicants work records, examinations and supporting documents as been completed by myself (individual named below) and the application is satisfactory and meets the requirements of MCAR-66 and I hereby endorse the application.	
Name:	
Signature:	
Date:	
Organisation Approval Number:	

<b>7. DOCUMENTS SUBMITTED:</b>	
Original MCAR-66 aircraft maintenance licence (if an existing MCAR-66 licence holder)	<input type="checkbox"/>
Certified true copy of your Passport/ID Card, Original/Certified true copies of Exam Credits	<input type="checkbox"/>
Original/Certified true copies of Approved MCAR-147 Certificates of Recognition	<input type="checkbox"/>
Original/Certified true copies of Logbook/Work records	<input type="checkbox"/>
Original/Certified true copy of Company Authorisation for Category 'C' issue (Ensure copies submitted indicate the full duration, especially if several issues of the authorisation have been in effect)	<input type="checkbox"/>
Should the need arise the CAA retains the right to request the original document if it is deemed necessary to complete the application	<input type="checkbox"/>
Please refer to the MCAR-187 for details of fees required.	<input type="checkbox"/>

**Guidance Notes**

1. Certifiers of Identification
<p>a. The following individuals may act as 'certifiers of your identity'.</p> <ul style="list-style-type: none"> <li>i. Nominated person of your organisation (145/147/CAO) (for Aviation Certificates and ID Documents)</li> <li>ii. Quality department staff (for Aviation Certificates and ID Documents)</li> <li>iii. Official bodies such as lawyers who provide this service. (for ID Documents Only)</li> </ul> <p>b. Insert signature and date.</p> <p>c. Certifier's name must be printed in block capitals.</p> <p>d. Must include position or capacity, e.g., Nominated Person a MCAR 145/147/CAO Organisation</p>
2. Recommending Signatory Review
<p>The review should be completed by the individual designated by your company. The company shall hold certification privileges (typically MCAR-145/CAO organisations), normally this would be a member of the quality department or similar. The review shall be carried out by the signatory and must not be delegated to the applicant or any other individual.</p>
3. B2L Applications
<p>Prior to making any application, please refer to the following regulatory references to avoid a delay in your licence application. GM 66.A.10(a) Application, 66.B.110 (c), AMC 66.B.110.</p>
4. Payment
<p>Payments shall be made via <a href="#">Bandeyri Portal</a> unless the payment is made on your behalf by the MCAR-145/CAO, in which case a purchase order shall be attached.</p>