

APPLICATION FOR INITIAL/EXTENSION OF AIRCRAFT MAINTENANCE ENGINEER'S LICENSE WITHOUT TYPE RATING (AMELWTR)

Form	AML 82-4		
Edition	Original		
Revision	11		
Date	1/11/2020		

Civil Aviation Authority - DGCAR

Unclear and incomplete form may be rejected						
A. Applicant's Details						
1. Full name:	2. Tel:					
3. Permanent address:	4. Permanent Address:					
5. Date of Birth:	6. Email:					
7. Nationality:	8. Place of Birth:					
9. Omani AME License No. (if held):	10. Valid to:					
B. Employer's Details						
11. Name of current employer:	11. Name of current employer: 12. Date of joining:					
13. Section:	14. Designation:					
C. Basic training						
15. Academy:	. Academy: Approved 147 other					
16. Academy name:	17. country:					
18.Period of training: From:	То:					
19. Educational qualification (Name the highest degree / diploma / certificate obtained):						
D. Basic Experience						
20. Organisation:						
21. Organisation name:						
22. Experience Work : From:	xperience Work : From: To:					
23. Organisation certification authorization details:						
E. Granting AML Category Required						
24. Category: \square A \square B1 \square	B2 □ B3	□ c				
25. Subcategories (for A and B1):	1.2 □ B1.3	□ B1.4				
F. Extending Omani AML Category Required						
26. Category: ☐ A ☐ B1 ☐ ☐	B2 🗆 B3	□ c				
27. Subcategories (for A and B1):	1.2 □ B1.3	□ B1.4				
G. foreign AME License						
28. foreign AME License No: 29. country:						
30. 24. Category: ☐ A ☐ B1	□ B2 □ B3	□ c				
31. Subcategories (for A and B1): ☐ B1.1 ☐ B	1.2 □ B1.3	□ B1.4				
32. Valid from:	То:					

H. Documents red	Juired				
	certificates including hou	urs and examination	result		
.,	ation authorizations				
3. Copy of foreign		la a alcana con al\			
	hotos (uniform and blue	e background)			
 Copy of passpool Medical fitnes 					
	ance/overhaul experienc	e sheets includes:			
	partment stamp	,			
b. Licensed A	ME under his supervisio	n you performed the	work		
	ircraft/powerplant/equi	•			
d. task numb	er and Nature of work p	erformed			
I. Applicant Decla	ration				
				ereunder and Civil Aviation	
	riate to the holder of AN	/IE License; and the pa	articulars given in the f	orm are true and complete	
in every respect.					
	C'and a file and	•		B. L.	
Signature of the applicant: (Keep the Signature very clear to be reflected in the Licence)				Date:	
(keep the Signature very clear to be reflected in the Licence)					
J. Quality Manage	er Attesting				
Signature and Stam	p of Quality Manager			Date	
K. FEES					
111 1 2 2 3	id or by card and should	he naid prior to issu	e of the License on su	ccessful completion of the	
• •	cable fees refer to Civil	• •		•	
•••		`	,		
FOR CAA USE ONLY					
No. of attempts	Score	Re	sult	Date	
1st attempt	%	□ passed	☐ failed	/ /	
2nd attempt	%	□ passed	☐ failed	/ /	
3rd attempt	%	☐ passed	☐ failed	/ /	
4th attempt	%	□ passed	☐ failed	/ /	
Recommendation: issuing AML (Without Tyre Rating) on :					
Category:	□ B1	□ B2	□ B3	□ с	
Subcategories (for A a	nd B1): 🗆 B1.1	□ B1.2	□ B1.3	□ B1.4	
Limitation (if any);					
· · · · · · · · · · · · · · · · · · ·					
Inspector Name:			Date:		
Signature:					
- 6					