

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

**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:	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: To:					
19. Educational qualification (Name the highest degree / d	iploma / certificate obtained):				
D. Desis Furgerianes					
D. Basic Experience					
20. 145 Organisation name:   Experience, From:   To:					
21. Other than 145 Organisation name (if any) :					
22. Work Experience, From:   To:     23. Organisation certification authorization details:					
E. Granting AML Category Required					
24. Category: $\Box$ A $\Box$ B1	B2 🗆 B3 🗆 C				
	B1.2 🗆 B1.3 🗆 B1.4				
F. Extending Omani AML Category Required					
26. Category: $\Box$ A $\Box$ B1	B2 🗆 B3 🗆 C				
27. Subcategories (for A and B1): B1.1	31.2 🗆 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	B1.2 🗆 B1.3 🗆 B1.4				

H. Documents required						
1. Basic training certificates including hours and examination result						
3. Copy of foreig						
4. Two photos (uniform and blue background, I.D. size)						
<ol> <li>Copy of passport</li> <li>Medical fitness report</li> </ol>						
	•	a sheets includes.				
	<ol> <li>OJT Maintenance/overhaul experience sheets includes;</li> <li>a. Quality department stamp</li> </ol>					
	ME under his supervisio	on you performed th	ne work			
	ircraft/powerplant/equi	• •				
d. task number and Nature of work performed						
I. Applicant Decla	ration					
I declare that I am conversant with the current Omani Civil Aviation Law, Regulations thereunder and Civil Aviation						
Notices (CANs) appropriate to the holder of AME License; and the particulars given in the form are true and complete						
in every respect.						
(Koon the Signature your d	Signature of the applic ear to be reflected in the Lice			Date:		
(Reep the Signature very th		nce)				
J. Quality Manager Attesting						
Signature and Stamp of Quality Manager				Date		
-	,					
K. FEES To be electronically paid or by card and should be paid prior to issue of the License on successful completion of the						
	-	· ·		•		
examination. For applicable fees refer to Civil Aviation Notice (CAN 1-06) Schedule of Fees.						
FOR CAA USE ONLY						
No. of attempts	Score	R	esult	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 : 🛛 A	🗆 B1	□ B2	□ B3	□ c		
Subcategories (for A a	nd B1): 🛛 B1.1	□ B1.2	□ B1.3	□ B1.4		
Limitation (if any);						

Signature: