

## Application for renewal of Aircraft Maintenance Engineer's License

Form	AML 82-5
Issue	1
Revision	8
Date	14/02/2024

**Civil Aviation Authority - DGCAR** 

Unclear and incomplete form may be rejected								
A. Applicant Particulates								
1. Full name:			2. Tel:					
3. correspondence Address:								
4. Omani AME License No.:		5. Valid	I to:					
B. Work Particulates								
6. Name of current employer:		7. Date	7. Date of joining:					
8. Section:			9. Designation:					
10. Last date on which certification authorization:								
C*. Details of approved train			rs					
Training	Per From	riod To	Name & Address of Training School					
1								
2								
3								
4								
5								
6								
7								
8								
D*. Details of aircraft/equip	ment mainte	nance/overh	aul experience gained in the past 2					
years								
Aircraft/Powerplant/ Equipment	Period To		Nature of work performed					
1	110111	10						
2								
3								
4								
5								
6								
7								
8								
*Note : Please attach separate shee	ts giving details	if above space is	insufficient					

E. Do	cuments r	equired	d					
2. 3.	Original CA	A AME Li	otos (uniform	and blue background)				
	plicant De	<u> </u>						
I decla	<ul> <li>I declare that :</li> <li>I am conversant with the current Omani Civil Aviation Law, Regulations made there under and Civil Aviation Notices (CANs), as appropriate to the holder of AME License;</li> </ul>							
(Keep th	ne Signature ver	_	ture of the ap			Date:		
G. Q	uality Man	ager At	testing					
	f the License	amp of Qı	uality Manage	r		 Date		
H. Qı	uality Man	ager At	testing					
e: 2 m ce	xpiry date.  If the application or propertification properties.	cation for an explan ivileges w	renewal of th nation for the vere exercised	e License has been sub delay and the Quali	omitted after expiry o ty Manager must ve t during the period th	.5 days prior to the License of the License, the applicant erify and confirm whether e License remained invalid. of a lapsed License.		
I. FEE	:S							
	-	-	-	ould be paid prior to is ivil Aviation Notice (CA		successful completion of the Fees.		
	FOR CAA OFFICE USE ONLY							
			F	OR CAA OFFICE US	SE ONLY			
Catego	ory: 🗆	A	F(	DR CAA OFFICE US	BE ONLY	□ c		

Date:

**Inspector Name:** 

Signature: