



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

APPLICATION FOR AIRCRAFT MAINTENANCE ENGINEER'S LICENCE

(Particulars required for Grant, Extension or Renewal)

Note - When completing this form for the Grant or Extension of a license the record or experience is to be entered on Appendix 1 obtainable from the Civil Aviation Authority and attached hereto:

1. I hereby apply for Grant/Renewal/Extension of Aircraft Maintenance Engineer's Licence
2. (a) Surname.....
(BLOCK CAPITALS)
(b) Given Name (s)
(BLOCK CAPITALS)
3. (a) Date of Birth: (b) Place of Birth.....
yy/mm/dd
- (c) Nationality (d) Telephone Number:
4. Permanent Address:.....
5. (a) Name of Employer..... (b) Date of Joining.....
(c) Employed at..... (d) Employed as.....
6. I am able to read, write, speak and understand the English language. Yes No

IN CASE OF APPLICATION FOR EXTENSION OR RENEWAL

- 7) (a) Licence No (b) Date of Expiry.....
(c) Date of last certificate under the authority of the licence

IN CASE OF APPLICATION FOR GRANT OR EXTENSION

8)

Categories required	Type(s) of Airframe, Engine or Rating of Category "X"

- 9) Are you conversant with the Legislation and Regulation in effect for the licence required? Yes No
- 10) Are you the holder of any Aircraft Maintenance Engineer's licence issued by an authority *other than* this State? If so, state:
 - (i) Issuing Authority
 - (ii) Number of Licence
 - (iii) Date of Expiry
 - (iv) Scope of Licence

FOR OFFICIAL USE

Fees Paid	Date:	Receipt #	File #
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AIRCRAFT MAINTENANCE ENGINEER'S LICENCE
To be completed only when the application is for the RENEWAL of a Licence

11) State the precise nature of employment SINCE LAST APPLICATION, quoting type(s) or equipment. (Statements may be required to be confirmed).

Precise nature of employment	PERIOD		Confirmed By
	From	To	
<p><i>(a) Airframe maintenance</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
<p><i>(b) Aircraft major repair and major overhaul</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
<p><i>(c) Engine maintenance</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
<p><i>(d) Engine complete overhaul</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
<p><i>(e) Other duties</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

12. **Declaration:** I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

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Date of application
Signature of applicant

APPENDIX 1

AIRCRAFT MAINTENANCE ENGINEER'S LICENCE

NOTE: This Appendix must be completed when applying for the GRANT or EXTENSION of an Aircraft Maintenance Engineer's Licence

1. (a) Surname.....
(BLOCK CAPITALS)
- (b) Full Names.....
(BLOCK CAPITALS)
2. Give details of ALL applications made for the GRANT or EXTENSION of an Aircraft Maintenance Engineer's Licence during the LAST TWO years.
(NOTE: Details should include applications made to overseas Licensing authorities)

Date	To whom application was made	Category and type(s) or rating	Results of application and Examination
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PARTICULARS OF EXPERIENCE

3. State in date order full particulars of employment and/or current apprenticeship (including service in H.M. Forces, if applicable) together with any practical experience gained during studentship at any aeronautical school or college.

- IMPORTANT:** (1) The application may not be accepted unless (a) the information required is given in the fullest detail, (b) the experience stated fulfils the requirements for the category of licence for which application is made.
- (2) If application is for EXTENSION *within* a Category, particulars of relevant experience required ONLY since date of last application for the Category.
- (3) Declaration may be required to be certified.

- (A) Airframe, Engine or Accessory(ies) in case of Category "X".
 (B) Precise nature of work, and name of person in charge of Department.
 (C) Inclusive dates.

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**AIRCRAFT MAINTENANCE ENGINEER'S LICENCE
APPENDIX 1 - CONTINUED**

- (A) Airframe, Engine or Accessory(ies) in case of Category "X".
- (B) Precise nature of work, and name of person in charge of Department.
- (C) Inclusive dates.

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Declaration:I hereby certify that the particulars I have given in this form are true to the best of my knowledge and belief.

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Date of Application

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Signature of Applicant.