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SECTION:	GENERAL TECHNICAL FORMS	511.000
TITLE:	CAR66 AMEL APPLICATION FOR GRANT OF	ELI-002
	LICENSE OR INCLUSION OF ANOTHER CATEGORY	

(FORMER AMEL FORM 02) (This application is for applicants who have either completed a GCAA CAP 147 Approved Basic				
(This application is for applicants who have either completed a GCAA CAR-147 Approved Basic Training or have completed GCAA examinations in the appropriate categories.				
Please complete the form in BLOCK CAPITALS)				
1. PERSONAL DETAILS				
GCAA License/Licensing file number (if known)				
Full Name (First, Middle, Last)				
(Mr./Ms)				
Date of Birth (dd/mm/yyyy)Place & Country of Birth NationalityPassport No				
Permanent Address				
Correspondence Address				
Telephone Number E-mailFax NumberFax Number				
2. EMPLOYER'S DETAILS				
2. EMPLOYER S DETAILS				
Name and Address of employer				
Telephone Number				
P.O.Box				
Present				
Designation				
Section Date Joined				
3. DUPLICATE LICENSE REQUEST (Lost license)				
Application for:				
Initial issue				
Inclusion of another category				
In Category A B C				
Aeroplane Turbine A1 B1.1 B1.2				
Aeroplane Piston A2 B1.2 Helicopter Turbine A3 B1.3				
Helicopter Piston A4				
Avionics B2				
Base certifying Maintenance Engineer				

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3. EXAMINATION MODULES ALREADY COMPLETED (If applicable)					
Module Exam (MCQ)	Module	Exam(MCC	ג)		
1MathematicsStructures & Systems2Physics		12 13	Helicopter Aerodynamics, Aircraft Aerodynamics,		
Structures & Systems	ures	14 15 16 17 18 7 9 10 18	Propulsion Gas Turbine Engine Piston Engine Propeller Air Legislation Essays Maintenance Practices Human Factor Aviation Legislation Air Legislation		
4. EXPERIENCE	0.1				
Part 147 students	Othe	er experience	ed Applicants		
Experience credit claimed Name of GCAA approved Part 147 school attend applicable)		tos along wit	the application ATA wise		
Please attach copies of all experience and train schedule of work/inspection related to the cate					

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الهيئــة الـعـامــة للطيــراق المـدنــي GENERAL CIVIL AVIATION AUTHORITY

SECTION:	GENERAL TECHNICAL FORMS	511.000
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Type of Aircraft Engine or Equipment, showing the particulars relevant to the application being made	PRECISE NATURE of work, and name of person in charge of Department or in similar authoritative position. State name of employer & place of employment	Date From To	Signature & Stamp of person verifying the experience claimed. Most recent entry should be verified by current immediate supervisor
5. ASSESSOR'S CE	RTIFICATION AND EVALUATION (To be cer	tified by an appropriat	ely approved
assessor)			,
	at I have assessed Mr. /Ms ttached. He /She has attained the necessa		



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		ent on the candidate OA	E Aircraft Maintenance Engine	eer
Name		Position		
Company		Approval numbe	r	
Telephone Number		E-mail		
Signature		Date		
6. DECLARATION				
best of my knowledge a	and belief. I under		on this form is true and correct nisleading statement may resu ce.	
SIGNATURE OF APPLICA	ANT:		DATE:	
			Day / Month / Year	
7. QUALITY MANAGE		ATIONS		
I confirm that				is
				13
working in our organization	in	the	capacity	is
working in our organization			capacity Section 3 of this application.	
working in our organization			· ·	
working in our organization and recommend his ap Name	plication for grant	of license applied for in	· ·	
working in our organization and recommend his ap Name Company	plication for grant	of license applied for in PositionPosition	Section 3 of this application.	
working in our organization and recommend his ap Name Company Telephone Number	plication for grant	of license applied for in PositionPosition	Section 3 of this application.	
working in our organization and recommend his ap Name Company Telephone Number Signature	plication for grant	of license applied for in Position Approval numbe E-mail Date	Section 3 of this application.	of
working in our organization and recommend his ap Name Company Telephone Number Signature	plication for grant	of license applied for in Position Approval numbe E-mail Date	Section 3 of this application.	of
working in our organization and recommend his ap Name Company Telephone Number Signature	plication for grant	of license applied for in Position Approval numbe E-mail Date	Section 3 of this application.	of

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	Candidate to ensure submission of the manuals/documents along	with this applicatio	n
	Document	Submitted	Not Submitted
1	Covering letter from employer		
2	One recent colour photograph 3.0 x 3.5 cm (White background)		
3	Copy of Passport and valid Visa page		
4	Copy of Certificate of Recognition (To be attested)		
5	Schedule of Work ,worksheet experiences and/or its equivalent for the past 2 years. (submit original SOW)		
6	Copies of valid foreign licences (To be attested)		
7	Copies of previous relevant GCAA examination results		
8	Applicable licensing fee		
9.	INSPECTOR REMARKS (For GCAA Use)		
	Recommended	mmended	
Inst	pector Name:		
Sigr	nature: Date:		_
10	. MANAGER – ENGINEERING LICENSING REMARKS (For GCAA Use)		
	Approved Not approved		
Nar	ne: Signature:		Date: