



Application for Aircraft Maintenance Licence (AML)

1. Application Type

Initial issue Amendment Renewal Endorsement

Removal of Limitation

Category (Tick as appropriate):

Aeroplane Turbine (A1 / B1.1)

Helicopter Turbine (B1.3)

Avionics (B2)

C Category

2 coloured
Photographs
dimensions:
h = 4 cm, w = 3 cm
(Matt Finish)

Aircraft Type Endorsement

Engine Endorsement

2. Applicant Details

Name:

Date of Birth:

CPR:

Nationality:

Email:

Telephone:

Address:

BCAA AML Number (if applicable):

3. Foreign Licence Details

Licence Type:

Licence Number:

Valid until:

Country of Issue:

Ratings:

Limitations:

4. Applicant's Confirmation

Has the licence ever been refused, revoked or suspended? (Tick as appropriate)

No Yes If yes, explain:

5. Declaration of Applicant

1. I understand that wilful false statements made on this form may result in legal action under the laws of The Kingdom of Bahrain.
2. I certify that all information furnished by me on this application is true and correct to the best of my knowledge.

Signature of applicant:

Date:



6. Recommendation (Not Required For Renewal)

It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of ANTR-66 and it is recommended that BCAA grants/endorse the ANTR-66 AML.

Name:

Designation:

AML/CA No.:

Signature:

Date:

Email Address:

7. Employer/Sponsor Verification

Documents Submitted:	Yes	N/A
1. Certified true copy of Foreign License/Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified true copy of Bahrain CAA Licence (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Official receipts showing payment of fee (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
4. Certified true copies of Certificates of Recognition (For Type Endorsement).	<input type="checkbox"/>	<input type="checkbox"/>
5. Certified true copies of CPR and Passport.	<input type="checkbox"/>	<input type="checkbox"/>
6. Certified true copy of Company Authorisation for Category 'C' issue.	<input type="checkbox"/>	<input type="checkbox"/>

I have seen the original documents and I certify that the attached are complete and accurate copies of the original. I recommended that BCAA grants/endorse the ANTR-66 AML.

Name:

Designation:

AML/CA No.:

Organisation:

Official Stamp:

Signature:

Date:

FOR OFFICIAL USE ONLY

BCAA INSPECTOR REPORT

Remarks: Recommend For
ANTR Examination Required Yes No

Inspector Name: Signature: Date:

CHIEF AVIATION PERMITS AND LICENSING RECOMMENDATION

Recommended Yes No

Signature: Date:

DIRECTOR AERONAUTICAL LICENSING

Approved Yes No N/A
Recommended For Initial Issue Yes No N/A

Signature: Date:

USCA APPROVAL FOR ISSUE OF INITIAL LICENSE

Approved For Initial Issue Yes No N/A

Signature: Date: