

	<b>CIVIL AVIATION AUTHORITY OF SRI LANKA</b>  <b>APPLICATION FOR INITIAL/AMENDMENT/RENEWAL OF IS 66 AIRCRAFT MAINTENANCE LICENSE (AML)</b>	<b>CAASL/PL/I/08 (FORM 19)</b>
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Please complete the form in **BLOCK CAPITALS** having read the guidance notes attached to this form.

<b>1. APPLICANTS DETAILS:</b> (Do not leave any field blank, otherwise the case will be returned un-actioned)						
Full Name :						
Title (Mr. / Mrs. / Ms etc)			Date of Birth (dd/mm/yyyy):			
Nationality:			Place of Birth (City & Country):			
Permanent Address:						
Contact Tel Number:			E-mail Address:			
Address for correspondence (if different from above):						
Change of applicants details : Yes <input type="checkbox"/> No <input type="checkbox"/> Please indicate (e.g. change of address)						
<b>2. AML DETAILS:</b> (if applicable)						
License Number:		Date of issue:		Date of Expiry:		
<b>3. EMPLOYERS DETAILS:</b>						
Name of Employer :			Date employment commenced:			
Maintenance Organization approval number:			Address:			
Email Address:			Contact Tel Number:			
Previous employer:		Date of Joining:		Date of Resignation:		
<b>4. APPLICATION FOR:</b> (tick relevant boxes)						
Initial issue of AML <input type="checkbox"/>		Amendment/Change of AML <input type="checkbox"/>		Renewal of AML <input type="checkbox"/>		
		i. Additional Category <input type="checkbox"/>		( see Guidance note 3)		
		ii. Type Rating Endorsement <input type="checkbox"/>		i. Renewal for 5 years <input type="checkbox"/>		
		iii. Name/Address Change <input type="checkbox"/>		ii. Renewal for 1 year <input type="checkbox"/>		
		iv. Any other change <input type="checkbox"/>				
<b>Rating:</b>	<b>A</b>	<b>B1</b>	<b>B2</b>	<b>B3</b>	<b>C</b>	
Aeroplane Turbine	A1 <input type="checkbox"/>	B1.1 <input type="checkbox"/>	N/A	N/A	N/A	
Aeroplane Piston	A2 <input type="checkbox"/>	B1.2 <input type="checkbox"/>	N/A	N/A	N/A	
Helicopter Turbine	A3 <input type="checkbox"/>	B 1.3 <input type="checkbox"/>	N/A	N/A	N/A	
Helicopter Piston	A4 <input type="checkbox"/>	B1.4 <input type="checkbox"/>	N/A	N/A	N/A	
Avionics	N/A	N/A	<input type="checkbox"/>	N/A	N/A	
Piston engine non-pressurized aeroplanes of MTOM of 2t & below			N/A	<input type="checkbox"/>	N/A	
Complex motor-powered aircraft	N/A	N/A	N/A	N/A	<input type="checkbox"/>	
Aircraft other than complex motor-powered aircraft	N/A	N/A	N/A	N/A	<input type="checkbox"/>	

## Application for Type Rating Endorsements or Limitation removal being requested (if applicable)

Category(s):	Type Rating:

**5. EXAMINATION MODULES COMPLETED - Please enclose all relevant certificates****CREDIT CLAIM:** (not required for AML renewal) (applicable to basic category only)

I wish to claim the following credits (if applicable):

 **Experience credit for IS 147 approved basic training**  
 (only tick this box if you have attended a IS 147 approved basic training course)

Organization Name:

Course title:

Course completion date:

Certificate number:

 **Experience credit due equivalent examination certificate**  
 (examination credit report will be required)

Name of institute:

Credit Report Ref No.

 **Experience credit due to being a skilled worker (Refer IS 66.A.30)**

Please enclose all relevant certificates

**6a. SUMMARY OF EXPERIENCE:** (Not applicable for renewal applications)

Dates		Aircraft Type	Engine(s) and/or Equipment	Description of work experience Details of experience should include the category of such experience i.e. A, B1, B2 or C
From	To			

**6b. EXPERIENCE GAINED ON - Applicable to B1.2 and B3 Initial Issues**Aeroplanes with metal tubing covered fabric Composite structure aeroplanes Metal structure aeroplanes Pressurized aeroplanes Wooden structure aeroplanes **7a. REMOVAL OF LIMITATION FROM BASIC LICENSE:**

Limitations to be removed	List examination(s) completed

**7b. REMOVAL OF LIMITATIONS FROM TYPE(S) -**

List Aircraft Type/Series Engine	Limitations to be Removed

**7b. LIST OF ALL RELEVANT CERTIFICATES ENCLOSED WITH THIS APPLICATION:**

*(please attach separate sheet if this space is not enough)*

**8. DECLARATION OF APPLICANT:**

I wish to apply for initial/ amendment/ renewal of IS 66 AML as indicated and confirm that the information contained in this form was correct at the time of application.

I herewith confirm that:

1. I am not holding any other IS 66 AML issued by DGCA Sri Lanka.
2. I have not applied for any IS 66 AML in CAA Sri Lanka previously and
3. I never had a IS-66 or Part-66 AML issued by DGCA Sri Lanka or in another State which was revoked or suspended by DGCA Sri Lanka or in any other State.
4. I enclosed the payment slip of the charges payable on application in accordance with the CAASL Fees & Charges & I agree to pay any additional charges which may become payable in respect of this application under the CAASL Fees & Charges.

I also understand that any incorrect information could disqualify me from holding a IS 66 AML.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence, whether for that person or any other person.**

**9. RECOMMENDATION:**

It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of IS 66 and it is recommended that DGCA Sri Lanka grants or endorses the IS 66 AML.

(Cat C only)

Has been exercising Category B1.1/B1.3/B2 privileges for 3 years as per IS 66.A.30 (a) 3.

Has been exercising Category B1.2/B1.4 privileges for 5 years as per IS 66.A.30 (a) 3.

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organisations Approval number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Official Stamp:

**NOTE: The referee required to countersign the form must be a Quality Manager or the immediate senior person within the Quality Department of your current employer, or the organisation where the experience was gained.**

**10. SUBMISSION INSTRUCTIONS**

Documents Submitted:

1. Original IS 66 aircraft maintenance licence (if existing IS 66 licence holder)
2. Certified true copy of your Passport, National Identity Card or Driving Licence (for Initial Issue)
3. Certified true copies of Exam Certificates
4. Certified true copies of Approved IS 147 (or CAA) Certificates of Recognition
5. Certified true copies of Logbook/Work records
6. Certified true copy of Company Authorization for Category 'C' issue.
7. enclose payment slip of the charges payable on application in accordance with the CAASL Fees & Charges

Should the need arise the CAASL retains the right to request the original document if it is deemed necessary in order to complete the application Please refer to the CAASL Fees & Charges for details of fees required.

Please handover your completed application and supporting documentation as explained in page 5 to:

Director -Training Organization & Personnel Licensing (DYOPEL)

Civil Aviation Authority of Sri Lanka, No 152-1 , Minuwangoda Road, Katunayake, Sri Lanka.

**GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS****Guidance Note 1: Introduction**

All sections of the application form must be completed by the applicant personally, any section not applicable should be marked N/A.

Please complete the application form in BLOCK CAPITALS

Having a clear and correctly completed application form, together with any supporting documents (where appropriate) will enable CAASL to issue licences, ratings and certificates more efficiently, with less risk of errors or rejections and subsequent delays to your application.

**Please note** that failure to submit a correctly completed application form, with the required supporting, documents will lead to the return of your application.

**Guidance Note 2: Certifiers of Identification**

The following people can act as 'certifiers':

- Head of a IS 145/147 Organisation.
- CAASL Inspector designated by Director -Training Organization & Personnel Licensing (DTOPEL)

**Instructions for the certifier of your ID document are as follows:**

1. Insert on the copy to be enclosed with the application: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
2. Insert signature and date.
3. Certifier's name must be printed/written in block capitals.
4. Must include position or capacity, e.g. Head of a IS 145/147 Organisation.

**Guidance Note 3: Sections of the Form Explained****Section(s) 1, and 2 Personal/ Details**

To be completed in all cases

**Section 3 - Employer Details**

Please enter details of your current employer, including the organisations Approval Number.

**Section 4 - Application**

Renewal of AML- have two options (5 years or One year) for Renewal of AML. Therefore please Indicate the licence validity period if you wish to apply. Please note that if the licence is already expired, option shall be "one year".

Indicates what type of licence you are applying for. For type rating(s) endorsement, please list the individual types by airframe/engine combination.

**Section 5 - Examination Modules Completed**

- 1) To be completed if claiming a reduction in the experience requirements on the basis of completing an Approved IS 147 Basic Training Course or
- 2) Claiming an exam accredited and recognized by the CAASL.
- 3) please enter Details of Examination modules completed at CAASL examination pertaining to the category requested

**Section 6-7 - Essential Information**

Completing the relevant sections will enable your application to be processed more efficiently, failure to supply this information may result in your application being delayed while we endeavor to contact you.

**Section 6a – Summary of Aircraft Maintenance Experience**

Enter a summary of any experience that is relevant to the application in this section. This section must be completed. Other documents may be used but they must be referenced here. Certified true copies of original experience documents must be submitted, (the nominated signatory must state that they certify document is a complete and true copy of original along and insert their name (in block letters),signature, date and job title), this experience needs to be certified by Quality Manager or accepted nominated signatories. Required maintenance experience shall be written up in a manner that the reader has a reasonable understanding of where, when and what maintenance constitutes the experience. Cross referencing experience to logbooks/work records submitted is unacceptable, a brief summary of experience relevant to the application will be required.

**Section 7b- List of all relevant certificates enclosed with this application**

Original Certificates of Recognition must be supplied. Certified true copies of originals may be accepted if the copy is verified as per above Guidance Note 2.

**Section 8 - Declaration**

This section is to be completed in all cases

By signing the declaration you are confirming that all of the information is correct and true.

**Section 9 – Recommendation**

The referee required to countersign the form must be a Quality Manager or the immediate senior person within the Quality Department of your current employer, or the organization where the experience was gained.

**Guidance Note 2: Documents, Fees and Submission Instructions**

This section should be used to ensure that the appropriate documents relevant to the application are submitted  
This application will not be processed until the applicable charges have been received

**Required information / Documents that shall be submitted with each IS 66 AML Application**

<p style="text-align: center;"><b>Initial Issue</b></p>	<p style="text-align: center;"><b>Amendment Additional Category / Sub-Category</b></p>
<ul style="list-style-type: none"> <li>• CAASL Form 19 (this form) properly completed and signed.</li> <li>• Copy of Passport or National Identity Card</li> <li>• Copy of Birth Certificate</li> <li>• 02 coloured stamp size photographs (2cm x 2.5 cm)</li> <li>• Copy of Knowledge examination results issued by CAASL for the required category(s).</li> <li>• Course completion certificate (Certificates of Recognition) issued by Training Organization for the required category(s). See guidance note for section 7b</li> <li>• Evidence of the required experience, including appendix 1. See guidance note for section 6a.</li> <li>• Payment Slip.</li> </ul>	<ul style="list-style-type: none"> <li>• CAASL Form 19 (this form) properly completed and signed.</li> <li>• Copy of Passport or National Identity Card</li> <li>• IS 66 AML (Original, not a Copy)</li> <li>• 02 coloured stamp size photographs (2cm x 2.5 cm)</li> <li>• All relevant IS 66 modular certificates for the required category(s). See guidance note for section 7b.</li> <li>• Knowledge examination results issued by CAASL for the required category(s).</li> <li>• Evidence of the required experience, including appendix 1. See guidance note for section 6a.</li> <li>• Completed payment slip.</li> </ul>
<p style="text-align: center;"><b>Amendment Addition of Type Rating</b></p>	<p style="text-align: center;"><b>Amendment Removal of a limitation</b></p>
<ul style="list-style-type: none"> <li>• CAASL Form 19 (this form) properly completed and signed.</li> <li>• Copy of Passport or National Identity Card</li> <li>• IS 66 AML (Original, not a Copy)</li> <li>• 02 coloured stamp size photographs (2cm x 2.5 cm)</li> <li>• Type training certificate(s) which must cover theoretical training &amp; Examination and practical training &amp; assessment.</li> <li>• Completed on the Job Training (for first type rating only). This should be performed at a CAASL approved IS 145 organization. If not, the OJT must be accepted by the CAASL prior to use</li> <li>• Completed payment slip.</li> </ul>	<ul style="list-style-type: none"> <li>• CAASL Form 19 (this form) properly completed and signed.</li> <li>• Copy of Passport or National Identity Card</li> <li>• IS 66 AML (Original, not a Copy)</li> <li>• 02 coloured stamp size photographs (2cm x 2.5 cm)</li> <li>• All relevant IS 66 modular certificates for the required category(s). See guidance note for section 7b.</li> <li>• Evidence of the required experience, including appendix 1. See guidance note for section 6a.</li> <li>• Completed payment slip.</li> </ul>
<p style="text-align: center;"><b>Renewal</b></p>	<p style="text-align: center;"><b>Duplicate Issuance</b></p>
<ul style="list-style-type: none"> <li>• CAASL Form 19 (this form) properly completed and signed.</li> <li>• IS 66 AML (Original, not a Copy)</li> <li>• 02 coloured stamp size photographs (2cm x 2.5 cm)</li> <li>• Completed payment slip.</li> </ul>	<ul style="list-style-type: none"> <li>• CAASL Form 19 (this form) properly completed and signed.</li> <li>• Police report.</li> <li>• Requested letter sign by holder.</li> <li>• 02 coloured stamp size photographs (2cm x 2.5 cm)</li> <li>• Completed payment slip.</li> </ul>



**CIVIL AVIATION AUTHORITY OF SRI LANKA**  
**APPLICATION FOR INITIAL/AMENDMENT/RENEWAL OF IS 66 AIRCRAFT**  
**MAINTENANCE LICENSE (AML)**

**CAASL/PL/I/08 (FORM 19)**

**Appendix 1: Basic Experience Matrix (see Guidance Notes)**

	Applicants Name:		
Question 1	Did you complete a IS 147 Basic training course?	Required weeks of experience	Total submitted weeks of experience
Question 2	Are you considered a Skilled worker ?		
Question 3	What is the licence category being sought ?		

Time of Application  
↓

Year →													Year	
January														January
February														February
March														March
April														April
May														May
June														June
July														July
August														August
September														September
October														October
November														November
December														December
Total Weeks per year														
Total														

**Instructions for use**

- 1 Answer questions 1 to 3
- 2 Determine the required weeks of experience for this application using the answers to questions 1-3 and PLAM 02-02.
- 3 Enter the required weeks in the box labeled "Required weeks of experience".
- 4 Each box in the matrix represents one week. A maximum of two entries are counted for each week.
- 5 Enter the number "1" for each complete week that has a minimum of two entries of relevant experience
- 6 Add the total weeks at the end of completion of each year. The total number of weeks must equal or exceed the required weeks of experience.
- 7 Sign the form and Include the completed form with your licence application ( CAASL/PL/I/08 (FORM 19) ).

**Note:** This matrix will be used to evaluate experience submitted with your application. Failure to complete accurately may result in your application being returned to you.

Signed by Applicant: \_\_\_\_\_

Date: \_\_\_\_\_