



CIVIL AVIATION AUTHORITY
APPLICATION FOR INITIAL/ AMENDMENT/ RENEWAL
OF ANO-066 "AIRCRAFT MAINTENANCE
ENGINEER LICENSE"

CAAF-619-LCXX-1.0

Personnel Licensing Directorate

THIS FORM SHALL BE FILLED ON SCREEN THEN PRINTED, SIGNED AND SUBMITTED AS INSTRUCTED

1. APPLICANTS DETAILS: (Do not leave any field blank, otherwise the case will be returned un-actioned)

Name:	Email:
Joining date of current employment:	Cell Number:
Date of Birth (e.g 30/DEC/1977):	Place of Birth (City & Country):
CNIC No:	Nationality:
Address:	

2. AML DETAILS: (if applicable)

License Number: PCAA.66.	Date of initial issue:
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3. EMPLOYERS DETAILS:

Name:	Date employment commenced:	
Address:		
Organization approval number:	Head of Quality:	
Email Address:	Cell number:	
Previous employer:	Date of Joining:	Date of Resignation:

4. APPLICATION FOR: (tick relevant boxes)

<input type="checkbox"/> Initial issue of AML	<input type="checkbox"/> Renewal of AML	<input type="checkbox"/> Amendment/Change of AML			
Rating:	A	B1	B2	B3	C
Aeroplane Turbine	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Aeroplane Piston	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Helicopter Turbine	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Helicopter Piston	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Avionics	N/A	N/A	<input type="checkbox"/>	N/A	N/A
Piston engine non-pressurised aeroplanes of MTOM of 2t & below	N/A	N/A	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"/>
Type endorsements/Rating endorsement/Limitation removal (mention briefly):					



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5. CREDIT CLAIM: *(not required for AML renewal)*

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

• **Experience credit for 147 approved basic training**

Organization Name:

Course title:

Course completion date:

Certificate number:

• **Experience credit due equivalent examination certificate**

(exam accredited and recognized by PCAA based on examination credit report)

Name of institute:

Credit Report Ref No.

• **Experience credit due to a skilled worker (Refer ANO.066.A.30)**

Please enclose all relevant certificates

6. SUMMARY OF EXPERIENCE: *(not required for AML renewal)*

Dates		Aircraft	Engine(s) and/or Equipment	Description of work experience
From	To			

7. REMOVAL OF LIMITATION FROM BASIC/TYPE LICENSE:

Limitations	Basic/Type (mention details)	List examination completed

8. LIST OF ALL RELEVANT CERTIFICATES ENCLOSED WITH THIS APPLICATION:

a)	b)	c)
d)	e)	f)
g)	h)	i)



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9. DECLARATION:

I wish to apply for initial/amendment/renewal of ANO-066 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 Part 66 AML issued in another Member State.
2. I have not applied for any Part 66 AML in another Member State and
3. I never had a Part-66 AML issued in another Member State which was revoked or suspended in any other Member State. I also understand that any incorrect information could disqualify me from holding ANO-066 AML.

Signatures: _____

Date: _____

10. RECOMMENDATION: *(not required for AML renewal)*

It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of ANO-066 and it is recommended that PCAA grants or endorses the ANO-066 AML.

Name: _____ Signature: _____

Position: _____ Official stamp: _____ Date: _____ Place: _____

11. PAYMENT METHOD: *(refer latest issue of ANO-021-LCXX for required fee)*

- Authorization of fee deduction from advance deposit account granted: **Yes / No** (or)
- Payment may be utilized from attached fee deposit slip no. _____ Rs. _____ Bank: _____ Dated: _____

12. FOR USE IN PCAA:

A. To be filled by officer scrutinizing experience:

Submitted maintenance experience meets required duration of _____ (years/months). It includes recent experience and sufficient coverage of ATAs relevant to the category applied for as per ANO-066/ _____ requirement.

From

To

Signature: _____

Official stamp: _____

Date: _____

B. To be filled by evaluating officer:

Reference Minute: _____

Dated: _____

Recommended

Not-Recommended

Remarks (if any): _____

Signature: _____

Official stamp: _____

Date: _____



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REQUIRED DOCUMENTS TO BE ENCLOSED: *(for guidance only, for detailed requirement pls, refer latest regulation)*

Initial Issuance

<input type="checkbox"/> Form-19	<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Valid Identification Document (CNIC/ NICOP/ Passport)	<input type="checkbox"/> CTC of Exam/ Course Certificates	<input type="checkbox"/> Picture
<input type="checkbox"/> Experience Logbook (with one copy)	<input type="checkbox"/> Requisite Fee			

Renewal

<input type="checkbox"/> Form-19	<input type="checkbox"/> Original AML	<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Valid Identification Document (CNIC/ NICOP/ Passport)	<input type="checkbox"/> Picture
<input type="checkbox"/> Requisite Fee				

Change (as applicable)

<input type="checkbox"/> Form-19	<input type="checkbox"/> Original AML	<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Valid Identification Document (CNIC/ NICOP/ Passport)	<input type="checkbox"/> Picture
<input type="checkbox"/> CTC of Exam/ Course Certificates/ Oral Result	<input type="checkbox"/> Experience Logbook (with one copy)	<input type="checkbox"/> Requisite Fee		

Conversion of Foreign License

<input type="checkbox"/> Form-19	<input type="checkbox"/> Valid Identification Document (CNIC/ NICOP/ Passport)	<input type="checkbox"/> Original Valid Foreign AML	<input type="checkbox"/> Verification Letter	<input type="checkbox"/> Picture
<input type="checkbox"/> Copy of Certification Authorization	<input type="checkbox"/> CTC of Exam/ Course Certificates	<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Requisite Fee	