

CIVIL AVIATION DIRECTORATELuqa Airport, Luqa LQA3290, Malta Tel: +356 21222936 Fax: +356 21239278, civil.aviation@transport.gov.mt, www.transport.gov.mt**EASA FORM 19**

**APPLICATION FOR:- INITIAL ☐ / AMENDMENT ☐ / RENEWAL ☐ OF
PART-66 AIRCRAFT MAINTENANCE LICENCE (AML)
(Please tick (✓) all relevant box(es))**

1. APPLICANTS DETAILS

Name: _____ Email Contact: _____

Address: _____

Postcode: _____

Nationality: _____ Date and Place of Birth: _____

2. Part-66 AML DETAILS (if applicable)

Licence No: _____ Date of issue: _____

3. EMPLOYERS DETAILS (if applicable)

Name: _____

Address: _____

Maintenance Organisation Approval Reference: _____

Email Contact:- _____

Tel. _____ Fax _____

4. APPLICATION FOR (Tick (✓) relevant box(es))

Initial Issue AML <input type="checkbox"/>	Variation of AML <input type="checkbox"/>		Renewal of AML <input type="checkbox"/>		
Rating	A	B1	B2	B3	C
Aeroplane Turbine	<input type="checkbox"/>	<input type="checkbox"/>			
Aeroplane Piston	<input type="checkbox"/>	<input type="checkbox"/>			
Helicopter Turbine	<input type="checkbox"/>	<input type="checkbox"/>			
Helicopter Piston	<input type="checkbox"/>	<input type="checkbox"/>			
Avionics			<input type="checkbox"/>		
Piston engine non-pressurised aeroplanes of MTOM of 2t and below				<input type="checkbox"/>	
Large Aircraft					<input type="checkbox"/>
Aircraft other than large aircraft					<input type="checkbox"/>

Type Endorsements (if applicable)

5. APPLICANTS DECLARATION & SIGNATURE

I wish to apply for:

Initial Issue of Part-66 AML ☐ Variation of Part-66 AML ☐ Renewal of Part-66 AML ☐

as indicated and confirm that the information contained in this form was correct at the time of application.

I hereby 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 I never had a Part-66 AML issued in another Member State which was revoked or suspended in any other Member State.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 a Part-66 AML

Signed: _____ Name: _____

Date: _____

6. CREDITS

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

Experience credit for Part-147 training

Examination credit for equivalent exam certificates

Please enclose all relevant certificates.

7. RECOMMENDATION (if applicable)

It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of Part-66 and it is recommended that the authority grants or endorses the Part-66 AML.

Signed: _____ Name: _____

Position:- _____ Date: _____