

# DEPARTMENT OF CIVIL AVIATION MAURITIUS



APPLICATION FOR INITIAL/AMENDMENT/RENEWAL OF PART-66 AIRCRAFT MAINTENANCE LICENCE (AML)						DCA Form 19	
Name:.							
Address:							
Tel:				E-mail:			
Nationality:				Date and Place of Birth:			
PART-66 AML DETAILS (if applicable):							
Licence No:							
Date of Issue:							
APPLICATION FOR: (Tick relevant boxes)							
Initial AML		Amendment of AML			Renewal of AML		
(Sub)categories	A	B1	B2	B2L	B3	C	L (see below)
Aeroplane Turbine							
Aeroplane Piston							
Helicopter Turbine							
Helicopter Piston							
Avionics					See system ratings below		
Piston engine non-pressurised aeroplanes of MTOM of 2t and below							
Complex motor-powered aircraft							
Aircraft other than complex motor-powered aircraft							
<b>System ratings for B2L licence:</b>							
1. auto flight							
2. instruments							
3. com/nav							
4. surveillance							
5. airframe systems							
<b>L-licence subcategories:</b>							
L1C: Composite sailplanes							
L1: Sailplanes							
L2C: Composite powered sailplanes and composite ELA1 aeroplanes							
L2: Powered sailplanes and ELA1 aeroplanes							

# DEPARTMENT OF CIVIL AVIATION MAURITIUS



L3H: Hot-air balloons			
L3G: Gas balloons			
L4H: Gas balloons			
L4H: Hot-air airships			
L4G: ELA2 gas airships			
L5: Gas airship other than ELA2			

Type endorsements/Rating endorsement/Limitation removal (if applicable):

I wish to apply for \_\_\_\_\_ of Part-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 I never had a Part-66 AML issued in another State which was revoked or suspended in any other State. I also understand that any incorrect information could disqualify me from holding a Part-66 AML.

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

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

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

Experience credits for Part-147 training

Examination credits for equivalent exam certificates

*Please enclose all relevant certificates*

Recommendation (if applicable): It is hereby certified that the applicant has met the relevant Part-66 maintenance knowledge and experience requirements and it is recommended that the authority grants or endorses the Part-66 AML.

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

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