



LICENSING AND TECHNICAL RECORDS
 APPLICATION FOR AIRCRAFT MAINTENANCE ENGINEER'S LICENCE

(Initial, Additional Privileges, Renewal, Foreign Validation or Conversion) This form must be completed in **dark blue or black indelible ink or typed**, using **BLOCK CAPITALS**. Complete the appropriate sections only and place a "Tick" in the applicable boxes (☑) as required.

1. GENERAL

Initial Application Additional Privilege(s) Renewal Foreign Validation Conversion

2. PERSONAL DETAILS

(Note: Provide name as it appears on Birth Certificate or other ID if no Birth Certificate)

Surname: _____ First Name: _____

Middle Name(s): _____

Date of Birth: _____ Country of Birth: _____

Mailing Address: _____

Telephone (Home): _____ (Mobile): _____ Email: _____

Address for insertion on Licence: _____

Name of Employer: _____ Employer Telephone: _____

Work Site Address: _____

Position Title: _____ Date Employed (d-m-y): _____

3. INITIAL OR ADDITIONAL PRIVILEGES (not applicable for renewal or validation)

Category: M M1 M2 R R1 R2 E E1 E2 RPAS

Type: _____ Other _____

4. RENEWAL

Licence Number: _____ Expiry Date (d-m-y): _____

Category: M M1 M2 R R1 R2 E E1 E2 RPAS

Type Rating(s) (Manufacturer/Model): _____

(a) Have you exercised any one or more of the privileges of the above licence in accordance with Guyana Aviation Regulations (currently in force)? No Yes. If yes, Date of last certification(d-m-y): _____

or (b) Have you exercised similar privileges using a foreign licence? No Yes.
 If yes, Date of last certification(d-m-y): _____ and complete Block 5 below.

5. FOREIGN LICENCE INFORMATION

Name of Issuing Authority: _____

Licence No.: _____ Date of Issue (d-m-y): _____ Expiry Date (d-m-y): _____

Ratings /Privileges: _____



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6. TRAINING INFORMATION (not required for Renewal)

Initial Recurrent Type Other Privilege(s)

Give details below of training course(s) completed, as appropriate (courses must meet the requirements of, or approved by, the GCAA).

TYPE OF TRAINING	TRAINING INSTITUTION AND ADDRESS	PERIOD		* CONFIRMATION (NAME, LIC #, STAMP, SIGNATURE)
		FROM	TO	

7. EXPERIENCE

Initial Additional Privilege(s) - (for Initial or Additional Privileges summarise and include additional worksheets and/or AME Log).

Renewal - (for Renewal summarise experience obtained since last application only).

AIRCRAFT TYPE	DUTIES AND FUNCTIONS (PRECISE NATURE OF WORK)	PERIOD		* CONFIRMATION (NAME, LIC #, STAMP, SIGNATURE)
		FROM	TO	



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AIRCRAFT TYPE	DUTIES AND FUNCTIONS (PRECISE NATURE OF WORK)	PERIOD		* CONFIRMATION (NAME, LIC #, STAMP, SIGNATURE)
		FROM	TO	
<p>* The following certification statement applies to all the above confirmation signature(s): " <i>I hereby certify that the person whose signature appears below (Section 8) has the skill, work experience and training (Section 6 and 7), specified for the holder of an AMEL, and that the information given is correct to the best of my knowledge.</i>"</p>				



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8. DECLARATION

- (a) I am conversant with the Guyana Civil Aviation Regulations (currently in force), requirements and recommendations appropriate to the holder of a Guyana Aircraft Maintenance Engineer's Licence - Yes No
- (b) I have paid the applicable fee of _____ In accordance with the GCAA Schedule of Fees and Charges, and I agree to be responsible for the payment of the said fee and any other charges relating to this application.
- (c) All applicable documents (i.e.: original course certificates, certified AME Logbook, worksheets) are included in this application.
- (d) ***"I hereby declare that all the particulars given in this form are true in every respect and that I do not use any controlled substances (drugs, such as, marijuana or cocaine), nor do I have any intention of doing so.***

Signature of Applicant

Date (d-m-y)

9. GCAA USE ONLY

Application Received (d-m-y): _____	File Ref: _____	Fees Paid: _____
Receipt No.: _____	Fee Received By: _____	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	(Reason if disapproved) _____
(Remarks): _____		
AWI Signature / No.: _____		Date (d-m-y): _____