



**Reference:**

Car Part 66 Subpart D/AC66 Subpart D

P03.V05 "Aircraft Maintenance Engineer Licence and Rating Procedure"

**Instructions:**

1. Before completing this form, each applicant should read and understand subparts A, D and H of Part 66.
2. Entries should be typed or printed in block letters
3. The application must be accompanied with the prescribed fee of k330
4. Applicants should clearly understand that unless all entries on this form are completed accurately and fully, the issue of the AMS certificate may be delayed
5. Forward completed application together with the required documentation to:  
**Personnel Licensing Branch**  
**Aviation Safety Regulation**  
**Civil Safety Aviation Authority of PNG**  
**P.O Box 1941, BOROKO, NCD**
6. If the applicant has not previously been assessed as fit and proper for the grant of any other licence or approval, a form CASA FPP1 must be completed and submitted with this application.
7. Where a medical examination is required, a copy of the AME's certification of the examination is to be attached to this application.
8. Where any foreign licence or approval is submitted in support of an application and it is not in English and/or is coded, a translation into English and/or an explanation of the codes used must be supplied.
9. Please allow up to 15 days for the processing of this AMS application.
10. This document becomes Uncontrolled when Printed.

**NOTE:** The provision of false information or failure to disclose information relevant to the grant of holding Of an Aviation document constitutes an offence under Section 283 of the Civil Aviation Act 2000 (as amended) and is subject, in the case of a person other than a corporation, to a maximum fine of K25, 000 or 12 months imprisonment or both.

**SECTION A: Applicant Details**

<b>Name:</b>	<input type="text"/>	<b>Surname:</b>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text"/>	<b>Country of Birth:</b>	<input type="text"/>
<b>Nationality:</b>	<input type="text"/>		
<b>Employer/Organisation:</b>	<input type="text"/>		
<b>Postal Address of applicant</b> Address for service in PNG (refer CASA act 2000 Section 48)	<input type="text"/>		
<b>Telephone:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>
<b>A person who can be contacted for further information concerning this applicant</b>			
<b>Name:</b>	<input type="text"/>		
<b>Postal Address:</b>	<input type="text"/>		
<b>Telephone:</b>	<input type="text"/>	<b>Mobile:</b>	<input type="text"/>

**SECTION B – Class of Certificate Sought**

AMS-1

AMS-2

AMS-4



<b>SECTION C – Eligibility</b>	
<b>AMS -1</b>	
Aircraft types for which AMS-1 is sought:	
Aircraft types for which AMS-1 is sought:	
ATO AME training certificate (date)	
Airworthiness Management examination passed on (date)	
Experience relevant to AMS-1:	
<b>AMS -2</b>	
Maintenance tasks/processes for which AMS-2 is sought:	
Visual acuity examination carried out on (date)	by (name of AME)
<i>(only if required by the CASA)</i>	
Qualifications relevant to AMS-2:	
Knowledge/skills to be demonstrated relevant to (only if required by the CASA) Privileges sought:	
Duties engaged in relevant to AMS-2:	
<b>AMS -4</b>	
Aircraft type(s) for which AMS-4 is sought:	
Last medical examination carried out on (date)	by (name of AME)
Training relevant to privileges sought:	
PNG License held (if not applicable enter "Not Held"):	
PNG Ratings held (if not applicable enter "Not Held"):	
Foreign License held (if not applicable enter "Not Held"):	
Foreign Ratings held (if not applicable enter "Not Held"):	
<b>AMS -5</b>	
Aircraft types for which AMS-5 is sought:	
Medical examination carried out on (date)	by (name of AME)
Airworthiness Legislation examination passed on (date)	
Airworthiness Management examination passed on (date)	
Experience relevant to AMS-5:	
Training relevant to privileges sought:	

<b>Declaration</b>	
I hereby certify that the information shown above is true and correct and the attached documents. I further certify that I understand and accept the privileges, limitations and conditions of validity specified in Part 66 for the AMS certificate sought.	
<b>Applicant Signature</b>	<b>Date:</b>
<input type="text"/>	<input type="text"/>



**Office Use Only**

		Yes No N/A		
Required	Examinations			
	Passed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Current Licence enclosed	<input type="checkbox"/>	<input type="checkbox"/>
		Experience requirement met	<input type="checkbox"/>	<input type="checkbox"/>
		Fee correct	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
Assessing Officer		Receipt No:		Application No.