



## AME Licence Application

[Particulars required for Initial Issue, Additional Privileges, Renewal or Foreign Validation, are found in the **Eighth Schedule** of the **Jamaica Civil Aviation Regulations (2004)** as amended].

*This form must be completed in dark blue or black indelible ink, using BLOCK CAPITALS. Complete the appropriate sections only and place an "X" in the applicable boxes as required.*

### General

<b>1</b>	<input type="checkbox"/> Initial Application <input type="checkbox"/> Additional Privilege(s) <input type="checkbox"/> Renewal <input type="checkbox"/> Foreign Validation
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### Personal Details

<b>2</b>	<p>(Note: Provide name as it appears on Birth Certificate or other ID if no Birth Certificate)</p> <p>Surname _____ First Name _____</p> <p>Middle Name(s) _____ Date of Birth (d-m-y) _____</p> <p>Mailing Address _____</p> <p>Address for Insertion in Licence _____</p> <p>Telephone Contact _____</p> <p>Name of Employer _____ Employer Telephone _____</p> <p>Telephone Contact - Work Site _____ Fax _____</p> <p>Work site Address _____</p> <p>Position/Title _____ Date Employed (d-m-y) _____</p>
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### Initial or Additional Privileges (not applicable for renewal or validation)

<b>3</b>	<p>Group -    <input type="checkbox"/> M1    <input type="checkbox"/> M2    <input type="checkbox"/> R1    <input type="checkbox"/> R2    <input type="checkbox"/> E1    <input type="checkbox"/> E2</p> <p><input type="checkbox"/> Additional Type (Manufacturer / model) _____</p>
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### Renewal

<b>4</b>	<p>Licence Number _____ Expiry Date (d-m-y) _____</p> <p>Group -    <input type="checkbox"/> M1    <input type="checkbox"/> M2    <input type="checkbox"/> R1    <input type="checkbox"/> R2    <input type="checkbox"/> E1    <input type="checkbox"/> E2</p> <p>Type rating(s) (Manufacturer / Model) _____</p> <p>Date of last certification made by you under the authority of the <i>above</i> Licence: (d-m-y) _____</p>
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### Foreign Licence Information (Do not complete this section for Additional Privileges or Renewal)

<b>5</b>	<p>Name of Issuing Authority _____</p> <p>Licence Number _____ Date of Expiry (d-m-y) _____</p> <p>Ratings / Privileges _____</p>
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# Jamaica Civil Aviation Authority

Flight Safety Division

4 Winchester Road, Kingston 10, Jamaica

<b>6 Training Information:</b> [Not required for Renewal] <input type="checkbox"/> Initial <input type="checkbox"/> Recurrent <input type="checkbox"/> Type <input type="checkbox"/> Other privileges			
Give details below of training course completed, as appropriate [ <i>Must meet the requirements of JCAR, 8<sup>th</sup> &amp; 9<sup>th</sup> Schedules</i> ].			
Type of Training	Training Institution & Address	Period (From/To)	Confirmation [Name, Lic. No., Signature*]

<b>7 Experience:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Additional privileges [ <i>for Initial Use or Additional Privileges – Summarize and include Additional Worksheets and/or AME log</i> ] <input type="checkbox"/> Renewal [ <i>for Renewal – Summarize experience obtained since last application only</i> ].			
Aircraft Type	Duties / Functions	Period [From / To]	Confirmation [Name, Lic.No., Signature*]

\* The following certification statement applies to all the above Confirmation Signatures: *“I hereby certify that the person whose signature appears below has the skill, work experience and training, specified for the holder of an AME Licence, and that the information given on this page is correct to the best of my knowledge.”*

### DECLARATIONS:

- Are you conversant with the current Jamaica Civil Aviation Regulations, Requirements and Recommendations, appropriate to the holder of Jamaican Aircraft Maintenance Engineer’s Licence? \_\_\_\_\_
- The applicable fee of \_\_\_\_\_ is in accordance with the Twenty-second Schedule, and I agree to be responsible for the payment of any other charges relating to this application.
- Are you aware of any personal condition or circumstance which may affect your ability to safely exercise the privileges of the licence or rating applied for or held? \_\_\_\_\_. If yes provide details. [JCAA to Issue Medical Form]
- Have you ever been convicted of a crime? \_\_\_\_\_ If yes provide details.

### NOTES:

1. All applicable documents (ie: original course certificates, certified AME Logbook, worksheets) are included with this application.
2. All tests and examinations (including oral) must be completed within the 24 month period immediately following the date of application for a licence. [JCAR, Eighth Schedule]

I hereby declare that all the information given in this application and attached documents that are within my personal knowledge, are true and correct and I am aware that any untruth or misrepresentation shall disqualify me from holding a licence.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (d-m-y)

<b>8 ----- JCAA Use Only -----</b>	
Application Received (d-m-y): _____	File Ref: _____ Fee Paid: _____
Method of Payment: _____ Fee Received by: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved   (Reason if disapproved)	
_____	
AWI Signature / No. _____	Date (d-m-y) _____