

**SIERRA LEONE CIVIL AVIATION
AUTHORITY DEPARTMENT
OF PERSONNEL LICENSING**

APPLICATION FOR RENEWAL OF AIRCRAFT MAINTENANCE ENGINEER'S LICENCE

Please complete the form in **BLOCKS CAPITALS**

SECTION A

PERSONAL DETAILS

Licence Number:.....

Surname:.....

First Name:..... Middle Name:.....

Title:..... Date of birth (day/month/year).....

Nationality:..... Place of birth.....

Permanent Address:.....

Address for correspondence (if different from above):.....

Telephone Number:..... Alternate Telephone number.....

E-mail:.....

Name and Address of Employer:.....

Telephone number:..... Email:.....

Employer's Approval Number:.....

SECTION B

RENEWAL REQUIREMENTS (Tick the box that is applicable)

(a) I have exercised the privileges of my licence on Sierra Leone registered aircraft for not less than 6 months in the preceding 24 months and as confirmed in Section E.

(b) I have been engaged in work which is comparable to the duties and privilege of an AME licence, for periods totaling not less than 6 months in the preceding 24 months as confirmed in Section E.

(c) I have attended seminar by manufacturers or Refresher Course on Aircraft Type or Course related to the duties of AME acceptable to SLCAA (copy of course certificate must be attached).

SECTION C

RELEVANT COURSES

Copies of all relevant manufacturers' courses certificates acquired since last renewal.

When last did you undergo refresher course? (Provide details):

SECTION D

APPLICANT DECLARATION:

I hereby declare that all statements in this application are true and correct in every particular I have read and understood the Civil Aviation Regulation requirement relevant to this application. I acknowledge that to knowingly make a false statement is an offence against Part 1 of Sierra Leone Civil Aviation Regulation.

Signature:.....

Date:.....

SECTION E

CERTIFICATION:

This section must be completed by the Quality Manager of the current employer.

I confirm that the details contained in this application are true in every respect.

Name (Block capitals): Position:.....

Signature and Stamp:.....

Date:

SECTION F

FOR OFFICIAL USE ONLY:

Name of Receiving Officer:

Fees Paid:..... Method of Payment:

