

Aircraft Maintenance Engineer Licence and / or Category

Notes to applicants:

1. A completed Fit and Proper Person Questionnaire, form [CAA 24FPP](#) or [CAA 24FPPDEC](#), is required with this application when applying for Initial Issue of Licence. Refer to the 24FPP form for guidance on the appropriate form to be used.

1. Personal Details

NZ CAA Client / Licence Number (if known)				Date of Birth (dd/mm/yy)					
Title (Mr/Mrs/Ms/Miss)			Last Name						
Given Name(s)									
Country of Birth				Nationality					
Address for Service - Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (i.e. a physical address) and to promptly notify the Director of any changes.									
Tel					Mob				
Fax					Email				
Postal Address (if different from Address for Service)									
Tel					Mob				
Fax					Email				

2. Application Requirements

<ol style="list-style-type: none"> 1. Requirements for AME Licence Issue are contained in Rule Part 66 and associated Part 66 Advisory Circulars (ACs) 2. For details on Licence issue requirements refer to AC 66-1 Subpart B Aircraft Maintenance Engineer Licence - page 8 3. Link to AC66-1. 4. For further information, please refer the CAA website, www.caa.govt.nz click on Maintenance Engineers on the home page, then Getting a licence. 5. All applications must be accompanied by a suitable PTR detailing your experience as required by AC66-1 6. You must enclose your current licence with this application when applying of an additional category
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3. Licence and/or Category(s) applying for

Tick box to indicate Licence and/or Category required. If you are applying for an additional category, you must enclose your current licence.	Initial AMEL Issue	<input type="checkbox"/>	Aeroplane	<input type="checkbox"/>	Rotorcraft	<input type="checkbox"/>
	Powerplant	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Instrument	<input type="checkbox"/>
	Radio	<input type="checkbox"/>	LTA Aircraft	<input type="checkbox"/>		

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Invoice Code(s)	Receipt No.	Receipt Date	W/R No.
AMELI1 / AMELADDC			

5. Declaration

<p><i>The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 49 of the Civil Aviation Act 1990 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000.</i></p>	<p>I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.</p> <p>Consent to Disclosure & Collection</p> <p>I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements.</p> <p>I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Civil Aviation Act 1990, or other such purpose permitted by law.</p>		
	Applicant's Signature		Date

6. Applicant's Check List

<p><i>Please ensure all documents are enclosed.</i></p> <p><i>Applications which are incomplete or lacking any required documents or PTR will be returned.</i></p> <p><i>Please allow 10 working days, from date of receipt for processing your application.</i></p>	<ol style="list-style-type: none"> 1. Licence enclosed - <i>(if held)</i> 2. Fee completed 3. Training Certificates copies supplied 4. PTR (Practical Training Record) supplied 5. CV supplied, or Section 3 Experience Overview completed 6. Fit and Proper Person Questionnaire completed – either 24FPP or 24FPPDEC <i>Note: Not required for category only application</i> 	Yes	N/A
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Scan this form and email to licensing@caa.govt.nz, or post to
Civil Aviation Authority, PO Box 3555, Wellington 6140, New Zealand

Please allow 10 working days from date of receipt for processing application

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Examinations													Yes	No	N/A		
Required	1A	1B	2	3	4	6	7	8	11	16	17	20	21	Training Certificates reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passed														PTR Review - Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment																	
Assessing Person													Date				

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Name _____ CAA ID _____

Fees (incl GST)

<i>Please mark the fee for the required licence and/or category. Note, the licence fee includes one category. For each additional category an additional fee is required. If applying for multiple categories, please indicate the number and complete the fee total box. Unless the full fees are paid, applications will not be processed. DO NOT SEND CASH. Please fill in credit card details.</i>	Licence Fee \$299.00 (includes one category) <input type="checkbox"/>	Category Fee \$200.00 per category <input type="checkbox"/>	Total Fee \$
	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date (mm/yy) /
	Name on Card		
	Card Number		