

REMOVAL OF LIMITATIONS ON AIRCRAFT MAINTENANCE LICENCE

CHECKLIST FOR ISSUANCE APPLICATIONS

Name of the Applicant:

Date:

Item	Yes	No	Remarks	Office Use
Duly completed Application for AML (Form 19)			Ref No	
NIC or Passport (Original & copy) submitted				
Request letter indication which limitations to be removed				
CAASL AML exams completed certificate/Result sheets submitted(Original & copy should be submitted)				
Two color photos submitted(2.5 cm x 2cm sized)				

I understand that my application will not be processed unless I produce the original certificates/ documents to the TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

.....
(Applicant’s Signature)

The Application and documents received on and payment made.

Payment Receipt number

.....
(Receiving Officer’s signature)

Remarks
