



Document No;
 TCAA-FRM-SR-PEL069


Title: **Application For AMEL Oral /Practical Examination**

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<p>A. APPLICANT DETAILS</p> <p>1. Name..... Address..... Telephone.....</p> <p>2. Name of the AMO/ ATO </p> <p>3. Name of the AMO skills Supervisor and License Number.....</p> <p>4. Applicant license Number if any.....</p> <p>5. Validity of the applicant license.....</p> <p>6. Issuing Authority.....</p> <p>7. Detail of applicant license if any</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">CATEGORY</th> <th>DESICRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	CATEGORY	DESICRIPTION									<p>B. FOR OFFICIAL USE ONLY.</p> <p>1. Accepted/Rejected.....</p> <p>2. Assigned examination number.....</p> <p>3. Date of the examination.....</p> <p>4. Name of the Inspector.....</p> <p>5. Signature.....</p> <p>6. Date.....</p> <p>C. Detail of the relevant written paper passed (attach the result).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Category</th> <th style="width: 33%;">Description</th> <th style="width: 34%;">Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Category	Description	Date									
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D. Details of Approved Course passed: (Attach the copy of Result of Approved Course passed)

Category	Description	Average pass mark	Date of the final result.

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision: 0 Form
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E. Details of Oral/ Practical Exam Applied for

Category	Description	Module	Chance Number

F. Details of previous oral/practical (Failed Candidates)

Date of the Oral/Practical.	Module Failed.	Chance Number.

G. Experience on the Category applied for within the last three years: (for approved Training School graduates an attachment of the practical skills test can suffix but for the other candidates there shall be attachments of the record of experience covering all the modules within the category as defined in the schedule under supervision of experienced AMEL).

Aircraft Type	From	To	Duration	Name of AMO.	Signature and License of Supervising AMEL.

H. Total Aviation Experience:Years Months

I. AMO Quality Manager Declaration statement.

I hereby certify that the applicant mentioned above has been working with our AMO as defined in table G and for that case, all the statements attached concerning his experience at our base are true and correct to the best of my knowledge.


Name....., Signature....., Date.....

J. Applicant Declaration Statement:

I hereby declare that the above particulars are true in every respect and nothing has been concealed by me. I further declare that if any of my statements are found to be false then enforcement action will take precedence.

Name....., Signature....., Date.....

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