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| **APPLICATION FOR INITIAL ISSUE/AMENDMENT OF EMAR 66 MILITARY AIRCRAFT MAINTENANCE LICENCE (MAML)** | **EMAR FORM 19** |
| APPLICANT'S DETAILS:  Full name:  Service number/State ID Number:  Rank and service (if applicable):  Personal address:  Nationality:  Date and Place of Birth: | |
| EXISTING EMAR 66 MAML OR EASA PART-66 LICENCE DETAILS (if applicable):  Licence No: .............................................Date of Issue: .................................................... | |
| EMPLOYER'S (OR MILITARY UNIT’S) DETAILS:  Name:  Address:  Approved Maintenance Organisation Approval Reference:............................................................  Tel: ........................................................ Fax/E-mail: .................................................................. | |

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| APPLICATION FOR: (Tick relevant boxes)  Initial MAML □ Amendment of MAML □ | | | | |
| **Rating** | **A** | **B1** | **B2** | **C** |
| Aeroplane Turbine | □ | □ |  |  |
| Aeroplane Piston | □ | □ |  |  |
| Helicopter Turbine | □ | □ |  |  |
| Helicopter Piston | □ | □ |  |  |
| Avionics |  |  | □ |  |
| Aircraft □  Military Aircraft Type Rating endorsement / Limitation removal / Extension addition:  .............................................................................................................................................  .............................................................................................................................................  ............................................................................................................................................. | | | | |
| I wish to apply for the initial issue/ amendment of an EMAR 66 MAML as indicated and confirm that the information contained in this form was correct at the time of application.  I herewith confirm that:  1. I have never held an EMAR 66 MAML issued in another pMS which was revoked or suspended in any other pMS.  and  2. I have never held an EASA Part-66 Aircraft Maintenance Licence which was revoked or suspended.  I also understand that any incorrect information could disqualify me from holding an EMAR 66 MAML.  Signed: .........................................................Full Name: ......................................................  Date: ................................................................................................................................... | | | | |

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| I wish to claim the following credits (if applicable):  ............................................................................................................................................  ............................................................................................................................................  ............................................................................................................................................  Experience credit for EMAR 147 training:  ............................................................................................................................................  ............................................................................................................................................  ............................................................................................................................................  Experience credit for equivalent exam certificates:  ............................................................................................................................................  ............................................................................................................................................  ............................................................................................................................................  Please enclose all relevant certificates and licences (if applicable) |
| Recommendation by EMAR 145 AMO (if applicable): it is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of EMAR 66 and it is recommended that the NMAA grants or endorses the EMAR 66 MAML.  Signed: .................................................... Full Name: .........................................................  Position: .................................................. Date: ................................................................. |

EMAR Form 19 (EMAR 66 edition 1.0)