

## DOPRAVNÝ ÚRAD TRANSPORT AUTHORITY

APPLICATION FOR INITIAI MA				ENEWAL OF P E (AML)	ART-66	AIRCRAFT	EASA FORM 19	
APPLICANT'S DETAILS:								
Name:								
Address:								
Tel:		E-mai	1:					
Nationality:								
PART-66 AML DETAILS (if applicable):								
Licence No.:				Date of issue:				
EMPLOYER'S DETAILS:								
Name:								
Address:								
Maintenance Organization Approval Reference								
Tel:			Fax:					
APPLICATION FOR (Tick relevant boxes	)							
Initial AML	Amendment of AML				Renewal of AML			
(Sub)categories	A	B1	<b>B2</b>	B2L	В3	C	L (see below)	
Aeroplan Turbine								
Aeroplan Piston								
Helicopter Turbine								
Helicopter Piston								
Avionics				(see system ratin	igs below)			
Piston engine non-pressurized aeroplanes of	f MTOM	of 2t and b	below					
Complex motor-powered aircraft								
Aircraft other than complex motor-powerd aircraft								
System ratings for B2L licence:			_					
<ol> <li>Autoflight</li> <li>Instruments</li> </ol>								
3. Com/nav								
<ul><li>4. Surveillance</li><li>5. Airframe systems</li></ul>								
L-licence subcategories:			_					
L1C: Composite sailplanes								
L1: Sailplanes								
L2C: Composite powered sailplanes and composite ELA1 aeroplanes								
L2: Powered sailplanes and ELA1 aeroplanes								
L3H: Hot-air balloons								
L3G: Gas balloons								
L4H: Hot-air airship								
L4G: ELA2 gas airship								
L5: Gas airship other than ELA2								
Type endorsement/Rating endorsement/Lir	nitation re	emoval (if	applicable):					

I wish to apply for intial/amendment/renewal of Part-66 AML as a indicated and confirm that the information contained in this form was correct at the time of application.					
I herewith confirm that:					
<ol> <li>I am not holding any Part-66 AML issued in another Member State,</li> <li>I have not applied for any Part-66 AML in another Member State and</li> <li>I never had a Part-66 AML issued in another Member State which was revoked or suspended in any other Member State.</li> <li>I also understand that any incorrect information could disqualify me from holding a Part-66 AML.</li> </ol>					
Signature:					
Date:					
I wish to claim following credits (if applicable):					
Experience credit for Part-147 training					
Experience credit for equivalent exam certificates					
Please enclose all relevant cerificates.					
Recommendation (if applicable): It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements of Part-66 and it is recommended that the competent authority grants and endorses the Part-66 AML.					
Signature:					
Signature.					
Position: Date:					
Declaration of the applicant:					
In					

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