

APPLICATION FOR REPLACEMENT OF AIRCRAFT MAINTENANCE LICENCE (AML)



Instructions

General

1. This application form will take approximately 5 minutes to complete. Incomplete applications will not be processed.
2. The completed form is to be submitted to:
My PEL Hub, Safety Policy and Planning Division, Civil Aviation Authority of Singapore,
South Finger Pier Level 3, #038-035, Singapore Changi Airport Terminal 2, Singapore 819643

Payment

3. The replacement fee is \$33.00.
4. You are required to make payment through credit card (VISA/ MasterCard) at the point of application.

Collection

5. Assessment of the application would take approximately 5 working days from the date of submission. You will be notified when the licence is ready for collection.

Supporting Documents

	Documents Required:	For CAAS Use
1.	Submit one recent coloured passport photograph of size 35mm x 45mm with your name written on the back.	
2.	Submit a copy of identity document. (Eg. NRIC (front & back) OR passport)	
3.	Copy of police report	

Part I - Application Type (Please tick the appropriate box(es))

I am applying for the replacement of:

Aircraft Maintenance Licence

Part II – Applicant Information

Name as in NRIC / Passport:
(please underline surname)

Mailing Address:

Date of Birth:
(dd/mm/yyyy)

Tel (Home):

NRIC Number:
(For Singapore Citizen / PR)

Tel (Mobile):

Name of Employer:

Licence Number:

For non-Singapore Citizen:

Nationality:

Passport No:

Country of Issue:

Part III – Declaration and Consent to Disclosure and Collection of Information

Please answer all the questions below. If the answer is "Yes", please provide details in the textbox below, otherwise check "No".

	<u>Yes</u>	<u>No</u>
1. Have you contravened any provision in the Air Navigation Act or any aviation safety subsidiary legislation that results in imposition of conditions, suspension or revocation of your aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently or have been disqualified from holding any aviation safety instrument?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been the subject of any investigation or suspension actions by any civil aviation authority(s)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any history of physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you convicted for any offence, whether or not the conviction was in a Singapore court?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please provide details:

- I hereby declare that I will maintain secrecy of all radiotelephony communications and shall not improperly divulge to any person the purpose or contents of any message which may come to my knowledge in connection with the operation of any radio apparatus on board the aircraft.

I declare to the best of my knowledge and belief that the statements made and the information supplied in this form are complete and correct. I understand that any false representations made by me for the purpose of procuring the Singapore aviation safety instrument is an offence under section 29C(1)(b) of the Air Navigation Act and I may be subject to the penalties stipulated thereunder and any Singapore aviation safety instrument granted pursuant to the application will be revoked.

I agree that CAAS may collect, use, and disclose my personal data to the Government of the Republic of Singapore and other public agencies, and aviation authorities, as provided in this application form, or obtained by CAAS as a result of processing my application for the purposes of assessing my application and the administration of any regulatory document that may be granted by CAAS, verification of regulatory documents issued by CAAS, or enforcing and ensuring my compliance with the relevant transport safety regulatory requirements.

(Please check the box below to indicate your preference)

- I agree that CAAS may collect and use my personal data, which includes my contact information (e.g. email addresses, phone numbers and postal addresses) to receive information on aviation-related events and training.

Signature of Applicant :

Date (dd/mm/yyyy) :

For Official Use			
Date application received (dd/mm/yyyy):	Received by:	Issued by:	Date applicant notified (dd/mm/yyyy):
Attach Receipt Issued by POS	Receipt No:	Payment method: <input type="checkbox"/> Credit Card	

**delete where appropriate*