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Summary :

Page 2 and 3 : EASA Form 19,

Page 4 : Experience statement,

Page 5 to 7 : Synthetic experience statement sheet,

Page 8 : Statement of activity for Independent certifying staff following M.A.801(b)(1) / ML.A.801(b)(2).

Documents to supply with the application :

Administrative elements (mandatory)

- Form F-50-00-1 completed and signed,
- Original license to be sent by postal mail or statement of loss,
- Copy of a valid identity document (passport or identity card),
- Copy of a proof of residence (less than 3 months).

Technical elements

Initial application standard :

- Certificate(s) of recognition (EASA Form 148) for all the modules,
- Experience logbook attested in accordance with Annex 1 of procedure P-50-00 (Form F-50-05-0).

Type rating qualification :

- Certificates of recognition (EASA Form 149 - theoretical and or practical elements)

For the 1st type rating endorsement on category/sub-category :

- OJT logbook,
- Copy of OSAC approval letter.

Adding a category/sub-category :

- Certificate(s) of recognition (EASA Form 148) for all the modules,
- Experience logbook attested in accordance with Annex 1 of procedure P-50-00 (Form F-50-05-0).

Limitation removal :

- Certificate(s) of recognition (EASA Form 148) for all the modules,
- and/or
- Form F-50-05-1 and/or F-50-05-3 and/or F-50-05-4.

Transfer to OSAC :


- Form F-50-00-1 annex 1, completed and signed,
- Copy of certificates of recognition (EASA Form 148) for all the modules,
- Copy of certificates of recognition (EASA Form 149 - Theory + practical elements).

Note: for a renewal application, only the administrative elements are required.

Application must be done only on the website www.osac.aero.

The original license must be sent to (without any other documents) :

OSAC/Pole DOME – 14, boulevard des Frères Voisin - Immeuble Zénéo - 92137 Issy-les-Moulineaux cedex - FRANCE

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APPLICATION FOR INITIAL / AMENDMENT / RENEWAL / DUPLICATE / TRANSFERT OF PART-66 AIRCRAFT MAINTENANCE LICENSE (AML)	EASA FORM 19																																																																								
APPLICANTS DETAILS : Surname : _____ First name : _____ Address : _____ City : _____ Postcode : _____ Country : _____ Postal address (if different): _____ Tel : _____ Email : _____ Nationality : _____ Date of birth (dd/mm/yyyy) : _____ Place of birth : _____																																																																									
Part 66 AML DETAILS (if applicable) : License No FR.66. _____ Date of issue : _____																																																																									
ENVIRONMENT OF THE MAINTENANCE ACTIVITY CARRIED OUT / EMPLOYER'S DETAILS : <input type="checkbox"/> Unemployed, <input type="checkbox"/> Outside approved maintenance organization / independent certifying staff (page 8 must be completed) , and/or <input type="checkbox"/> In approved organizations (informations below must be completed) : Name and address : _____ Maintenance Organisation Approval Reference : _____ Tel : _____ Email : _____																																																																									
APPLICATION: (tick if appropriate) Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Transfer <input type="checkbox"/>																																																																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 25%;">(Sub) category</th> <th style="text-align: center; width: 10%;">A</th> <th style="text-align: center; width: 10%;">B1</th> <th style="text-align: center; width: 10%;">B2</th> <th style="text-align: center; width: 10%;">B2L</th> <th style="text-align: center; width: 10%;">B3</th> <th style="text-align: center; width: 10%;">C</th> <th style="text-align: center; width: 15%;">L (see below)</th> </tr> </thead> <tbody> <tr> <td>Aeroplane Turbine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aeroplane Piston</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Helicopter Turbine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Helicopter Piston</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Avionics</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4"><input type="checkbox"/> see system ratings below</td> </tr> <tr> <td>Piston engine non-pressurised aeroplanes of MTOM ≤ 2000 kg</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Complex motor-powered aircraft</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Aircraft other than complex motor-powered</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		(Sub) category	A	B1	B2	B2L	B3	C	L (see below)	Aeroplane Turbine	<input type="checkbox"/>	<input type="checkbox"/>						Aeroplane Piston	<input type="checkbox"/>	<input type="checkbox"/>						Helicopter Turbine	<input type="checkbox"/>	<input type="checkbox"/>						Helicopter Piston	<input type="checkbox"/>	<input type="checkbox"/>						Avionics			<input type="checkbox"/>	<input type="checkbox"/> see system ratings below				Piston engine non-pressurised aeroplanes of MTOM ≤ 2000 kg					<input type="checkbox"/>			Complex motor-powered aircraft						<input type="checkbox"/>		Aircraft other than complex motor-powered						<input type="checkbox"/>	
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System ratings for B2L license: 1- Autoflight <input type="checkbox"/> 2- Instruments <input type="checkbox"/> 3- Com/nav <input type="checkbox"/> 4- Surveillance <input type="checkbox"/> 5- Airframe systems <input type="checkbox"/>																																																																									
L1C: composite sailplanes. <input type="checkbox"/> L1: sailplanes, <input type="checkbox"/> L2C: Composite powered sailplanes and composite ELA1 aeroplanes, <input type="checkbox"/> L2: powered sailplanes and ELA1 aeroplanes, <input type="checkbox"/> L3H: Hot Air Balloons, <input type="checkbox"/> L3G: Gas balloons <input type="checkbox"/> L4H: Hot-air airships <input type="checkbox"/> L4G: ELA2 gas airships <input type="checkbox"/>																																																																									



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L5: Gas airship other than ELA2 ☐

Type rating(s) to be added :

Limitation to be removed (if applicable):

DECLARATION OF APPLICANT (tick if appropriate)

I wish to apply for initial ☐ / amendment ☐ / renewal ☐ / duplicate ☐ / transfer ☐ of Part 66 AML as indicated and confirm that the information contained in this form was correct at the time of application.

I hereby confirm that (points 1 and 2 not applicable in case of transfer between Member States) :

- 1- I do not hold any part 66 AML issued in another Member State (not applicable in case of transfer)
- 2- I have not applied for any Part 66 AML in another Member State (not applicable in case of transfer) and
- 3- I never had a Part 66 AML issued by another Member State, which was revoked or suspended in any other Member State.

I also understand that any incorrect information could disqualify me from holding a Part 66 AML.

full name :

Signature:

Date :

TRAINING/EXAMINATIONS

applicable) :

I wish to claim the following credits (if applicable) :

Experience credits for Part-147 training :

Examination credits for equivalent exam certificates :

Please enclose all relevant certificates

RECOMMENDATION OF MAINTENANCE ORGANISATION (only in case of OSAC specific authorization) :

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 or endorses the Part-66 AML

Remarks :

Signature :

Name :

Position :

Date :

Organisation approval number :



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EXPERIENCE STATEMENT - FURTHER INFORMATION TO EASA FORM 19

SUMMARY OF EXPERIENCE (not applicable for renewal/duplicate/transfer)

One page per employer

Start and end dates

tasks

DECLARATION OF EXPERIENCE


Employer's details:

EASA approval number :

Position and name (manager or quality manager)

Date :

Signature and stamp:

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FULL NAME :

AML 66 number: FR.66.

Type ratings:

The experience summary sheet must be used for any initial application or to add a (sub) category A, B1, B2 or B3, L categories are not concerned.

Notes:

- *This summary sheet does not replace the need to supply the complete logbook*
- *The technical or quality manager shall confirm that all types of tasks were performed in operating aircraft covering a representative cross section of maintenance activities in the corresponding subcategory;*
- *Each ATA or group of ATAs are covered by a significant number of tasks*
- *One summary sheet needed for each sub category.*

ATA Chapters \ Tasks	Operational test	Servicing	Removal Installation	Trouble shooting
00 - Example	75	63	36	12
01 Introduction				
05 Periodic Inspections				
06 Dimensions And Areas				
07 Lifting And Shoring				
08 Leveling And Weighing				
09 Towing And Taxiing				
10 Parking, Mooring, Storage And Return To Service				
11 Placards And Markings				
12 Servicing - Routine Maintenance				
18 Vibration And Noise Analysis (Helicopter Only)				
20 Standard Practices - Airframe				
21 Air Conditioning				
22 Auto Flight				
23 Communications				
24 Electrical Power				
25 Equipment / Furnishings				
26 Fire Protection				
27 Flight Controls				
28 Fuel				
29 Hydraulic Power				
30 Ice And Rain Protection				
31 Indicating / Recording Systems				




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Tasks	Operational test	Servicing	Removal Installation	Trouble shooting
ATA Chapters				
32 Landing Gear				
33 Lights				
34 Navigation				
35 Oxygen				
36 Pneumatic				
37 Vacuum				
38 Water / Waste				
39 Electrical - Electronic Panels And Multipurpose Components				
41 Water Ballast				
42 Integrated modular avionics				
44 Cabin Systems				
45 Central Maintenance System (Cms)				
46 Information Systems				
47 Nitrogen generation system				
49 Airborne Auxiliary Power				
50 Cargo and Accessory Compartments				
51 Standard Practices And Structures - General				
52 Doors				
53 Fuselage				
54 Nacelles / Pylons				
55 Stabilizers				
56 Windows				
57 Wings				
60 Standard Practices - Propeller / Rotor				
61 Propellers / Propulsors				
62 Main Rotor(S)				
63 Main Rotor Drive(S)				
64 Tail Rotor				
65 Tail Rotor Drive				
66 Rotor Blade And Tail Pylon Folding				

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Tasks	Operational test	Servicing	Removal Installation	Trouble shooting
ATA Chapters				
67 Rotors Flight Control				
70 Standard Practices - Engine				
71 Power Plant - General				
72 Engine				
72(T) Engine - Turbine / Turboprop, Ducted Fan / Unducted Fan				
72(R) Engine - Reciprocating				
73 Engine - Fuel And Control				
74 Ignition				
75 Bleed Air				
76 Engine Controls				
77 Engine Indicating				
78 Exhaust				
79 Oil				
80 Starting				
81 Turbines (Reciprocating Engines)				
82 Water Injection				
83 Accessory Gear Boxes (Engine Driven)				
84 Propulsion Augmentation				
91 Charts				
TOTAL				

DECLARATION


Employer's details:

EASA approval number:

Position and name (manager or quality manager)

Date:

Signature and stamp:

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Request for information to prepare independent certifying staff activity monitoring – certifying staff in accordance with M.A.801(b)(1)/ML.A.801(b)(2).

OSAC may have to carry out in-depth checks of the activities you carry out under cover of your mechanic's license. In the event of an activity monitoring, it will be conducted during a detailed inspection (M.B.303 / ML.B.303) of an aircraft on which you will be operating as independent certification personnel under M.A.801(b)(1)/ML.A.801(b)(2).

Thus, in order to schedule a possible inspection, you are required to fill in the table below with all your (future) planned maintenance activities that will be performed under your LMA Part-66 license, as an independent certifying staff, and known at the time of filling in this form:

If you have no maintenance activity planned, please indicate in the table "No maintenance activity planned".

Dates	Registration of aircraft concerned	Aircraft type	Scope of planned maintenance	Address of the work

Place :
Date :

Signature :