

TYPE OR PRINT ALL ENTRIES IN INK

DCA Form EL-001

Aircraft Maintenance Licensing Application Form

FOR OFFICIAL USE ONLY



AIRFRAME
 POWERPLANT
 AVIONICS

Date:
Receipt No:
Cheque/PO.

APPLICATION FOR:
 ORIGINAL ISSUANCE
 ADDED RATING
 AUTHORIZATION
 RE-ISSUANCE
 RENEWAL
 VALIDATION

Sign and Stamp

I. APPLICANT INFORMATION	A. NAME (First, Middle, Last)					K. PERMANENT ADDRESS
	B. IDENTIFICATION SOURCE (i.e., driver licence, passport)	C. IDENTIFICATION NO.	D. ID EXPIRATION	E. DOB	NUMBER AND STREET, PO BOX, etc	
	F. PLACE OF BIRTH	G. SEX	H. NATIONALITY (Citizenship)		CITY	
	I. LOCAL LICENCE NO. SPECIFY TYPE		J. FOREIGN LICENCE NO. SPECIFY TYPE		STATE/REGION	POSTAL CODE
	L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? <input type="checkbox"/> NO <input type="checkbox"/> YES (If "YES", explain on an attached sheet keying to appropriate item number).					

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -	<input type="checkbox"/> A. CIVIL EXPERIENCE				
	<input type="checkbox"/> B. GRADUATE OF APPROVED COURSE	(1) NAME AND LOCATION OF SCHOOL			
		(2) SCHOOL NO.	(3) CURRICULUM FROM WHICH GRADUATED	(4) DATE	

III. RECORD OF EXPERIENCE	C. APPLICANT'S FOREIGN LICENCE CERTIFICATE AND OR RATING <i>(Continue on separate sheet, if more space is needed).</i>			
	DATES - MONTH AND YEAR		EMPLOYER AND LOCATION	TYPE WORK PERFORMED
	FROM	TO		

IV. APPLICANT'S CERTIFICATION	I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE		B. DATE
	A. SIGNATURE		

V. I FIND THIS APPLICATION MEETS / DOES NOT MEET THE EXPERIENCE AND KNOWLEDGE REQUIREMENTS OF BCAR PERSONNEL LICENSING REGULATIONS.	DATE	INSPECTOR'S SIGNATURE	CAD OFFICE

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