



AIRCRAFT MAINTENANCE TECHNICIAN LICENSING APPLICATION FORM

Type or print all entries in ink

Airframe Powerplant Avionics

Application for:

Original Added rating Renewal
 Validation Conversion

I. APPLICANT INFORMATION

A. Name (first, middle, last)				K. Permanent address	
B. Identification source (i.e., driver licence, passport)		C. DOB	D. Height (cm)	E. Weight (kg)	Number and street, P.O. box, etc.
F. Hair	G. Eyes	H. Sex	I. Nationality (citizenship)		City
J. Place of birth				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).				M. Do you now or have you ever held a CASAS airman certificate? <input type="checkbox"/> no <input type="checkbox"/> yes Specify type	

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF

A. Civil experience

B. Graduate of approved course	(1) Name and location of school		
	(2) School no.	(3) Curriculum from which graduated	(4) Date

C. Applicant's other than casasa certificated school graduated, list experience relating to certificate and rating applied for.
(continue on separate sheet, if more space is needed)

III. RECORD OF EXPERIENCE

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	A. Signature	B. Date
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V. I FIND THIS APPLICATION MEETS THE EXPERIENCE REQUIREMENTS OF CARS PART TWO AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS

Date	Inspector's signature	CASAS office
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VI. Mechanic Tests										
GENERAL – AIRFRAME AND POWERPLANT										REMARKS
Oral Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Ques. no										
Practical Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Proj. no										
AIRFRAME STRUCTURES										
Oral Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Ques. no										
Practical Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Proj. no										
AIRFRAME SYSTEMS AND COMPONENTS										
Oral Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Ques. no										
Practical Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Proj. no										
POWERPLANT THEORY AND MAINTENANCE										
Oral Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Ques. no										
Practical Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Proj. no										
POWERPLANT SYSTEMS AND COMPONENTS										
Oral Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Ques. no										
Practical Test	Pass	<input type="checkbox"/>	Expiration Date	Fail	<input type="checkbox"/>					
Proj. no										

VII. DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I have indicated the result as:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Attachments:	<input type="checkbox"/> Report of written test	<input type="checkbox"/> Superseded certificate	<input type="checkbox"/> Letter
Date test completed	Examiner's signature	Designation number	

VIII. APPLICANT'S CERTIFICATION

This block must be completed by the applicant at the time the applicant passes the skill test

A. Have you ever had an airman certificate suspended or revoked? No Yes (if yes, explain on an attached sheet)

I certify that all the statements by me are true	a. Signature	b. Date
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IX. CASAS INSPECTOR'S REPORT

I have – <input type="checkbox"/> examined this applicant's paper. <input type="checkbox"/> personally tested this applicant in accordance with pertinent procedures and standards.	With the indicated result – <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	Date	Inspector's signature	CASAS office

INSTRUCTIONS FOR COMPLETING CASAS FORM AMT001

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This appendix explains the procedures to be followed when applicants complete CASAS Form AMT001

1. The inspector shall provide Form AMT001 to the applicant.
 - a. Two originals of Form AMT001 must be completed by the applicant before testing begins.
 - b. The inspector shall give detailed instructions for correctly completing Form AMT001.
 - c. All entries shall be made with permanent dark ink or typewritten.

NOTE: when you make a correction, cross out and initial the mistake. Do NOT use correction fluid.

- d. All signatures shall be original, in dark ink, with name printed in dark ink or typewritten below or beside the signature.
- e. All dates shall be entered using eight-digit numeric characters (DD/MM/YYYY).

TOP SECTION

1. The applicant shall complete the top section of Form AMT001.
 - a. The applicant must check the appropriate box for the rating sought (AIRFRAME, POWERPLANT, or AVIONICS).
 - b. The applicant must check either the ORIGINAL ISSUANCE or the ADDED RATING box. The ADDED RATING boxes will only be checked when the applicant has an aviation mechanic licence and is actually adding a rating.
 - c. No other boxes are checked on the TOP SECTION of Form AMT001 by an aviation mechanic applicant.

BLOCK I – APPLICANT INFORMATION

The inspector shall warn the applicant to read the fine print.

ITEM A – NAME

1. The applicant shall enter his or her legal name; however, for record purposes, no more than one middle name shall be entered. The applicant's name shall not be changed on the subsequent CASAS Form AMT001.
2. If the applicant has no middle name, the applicant shall enter NMI (no middle initial) or NMN (no middle name)
3. If the applicant has initials only, the applicant shall enter those initials and then enter INITIAL ONLY.
4. If the applicant is a junior, III, IV, etc., the applicant will so indicate.

NOTE: If the applicant already has a CASAS aviation mechanic licence the name on CASAS form AMT001 must be the same on the CASAS AMT.

ITEM B – IDENTIFICATION SOURCE

The applicant shall identify the form of identification used for identify verification (i.e., Passport, State-Issued ID).

ITEM C – DATE OF BIRTH

1. The applicant shall enter this date using eight-digit numeric characters (DD/MM/YYYY format).
2. If the applicant has other CASAS certificate(s), the inspector shall verify that the DOB is the same as that entered on Form AMT001.

ITEM D – HEIGHT

The applicant shall enter his or her height in centimetres.

ITEM E – WEIGHT

The applicant shall enter his or her weight in kilograms.

ITEM F – HAIR

1. The applicant shall spell out the colour of his or her hair, or use an acceptable abbreviation.
2. If the applicant is bald, enter bald.
3. If the applicant is wearing a wig or toupee, enter the colour of the hair UNDER the wig or toupee.

ITEM G – EYES

1. The applicant shall spell out the colour of his or her eyes or use an abbreviation that cannot be confused with another colour.

ITEM H – SEX

1. If the applicant is male, enter M.
2. If the applicant is female, enter F.

ITEM I – NATIONALITY

1. The applicant shall enter the State in which he or she maintains citizenship.
2. "Stateless" is acceptable, if appropriate.

ITEM J – PLACE OF BIRTH

1. The applicant shall enter the name of the city and province, state or territory.
2. If the location is unknown, enter "UNKNOWN".

ITEM K – PERMANENT MAILING ADDRESS

1. The applicant shall enter this information above the first dotted line.
2. NUMBER AND STREET – The applicant shall enter this information above the first dotted line
3. CITY – The applicant shall enter this information above the second dotted line. When necessary, the applicant shall abbreviate the address.
4. STATE AND ZIP CODE – The applicant shall enter the region and appropriate postal code on the bottom dotted line.

ITEM L – HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?

1. The applicant shall check either the YES or NO box (a student pilot certificate is an airman certificate).
2. If the YES box is checked, refer to CARS Part 2 for instructions.
3. If the applicant does not understand the requirements of Part 2 as it pertains to a particular situation, contact the CASAS for clarification and assistance.

ITEM M – DO YOU NOW OR HAVE YOU EVER HELD A CASAS AIRMAN CERTIFICATE

1. The applicant shall check either the YES or NO box.
2. If the applicant checks the YES box, the applicant must make an entry by the SPECIFY TYPE area.
3. The types of certificates which shall be entered in the SPECIFY TYPE area are: pilot, mechanic, etc.

BLOCK II – CERTIFICATE OR RATING APPLIED FOR ON BASIS OF

When the applicant is a graduate of an approved ATO, the applicant shall complete Block II as follows:

1. ITEM A – CIVIL EXPERIENCE. If practical experience was gained in civil activity, the applicant will check Item A.
2. ITEM B – GRADUATE OF APPROVED COURSE. The applicant will check item B, if he or she is a graduate of an ATO.
 - c. Item B1 – NAME AND LOCATION OF SCHOOL. The applicant will enter the name and location of the ATO, as shown on the graduation certificate.
 - d. ITEM B2 – SCHOOL NUMBER. The applicant will enter the ATO certificate number
 - e. ITEM B3 – CURRICULUM FROM WHICH GRADUATED. The applicant will enter the approved curriculum from which he or she graduated, as shown on the graduation certificate.

NOTE: To accommodate those students attending an ATO having separate curricula who choose to complete the Airframe curriculum and the Powerplant curriculum before testing, EXAMPLE: The student completes Airframe on 01/15/1997, and requests to be tested on 10/20/1997. Item B3 of the Form AMT001 shows, curriculum complete as AIRFRAME, POWERPLANT, or AVIONICS. The inspector will attach a copy of all certificates of completion, or make a statement in the remarks section indicating the date of completion for all certificates.

- f. ITEM B4 – DATE. The applicant shall enter the date of graduation as shown on the certificate of completion.

NOTE: If copies of the applicant's certificates are attached, enter in Item B4 "see attached". If dates of completion are used in the remarks, enter in Item B4 "see remarks".

When the applicant wishes to receive authorisation to take the oral and practical tests before taking the computer knowledge test, the following items must be completed.

1. ITEM B – GRADUATE OF APPROVED COURSE. The applicant must not check item B (the graduate has not graduated from an AMTS).
2. ITEM B1 – NAME AND LOCATION OF SCHOOL. The applicant shall enter the name and location of the ATO.
3. ITEM B2 – SCHOOL NO. The applicant shall enter the ATO certificate number.
4. ITEM B3 – CURRICULUM FROM WHICH GRADUATED. The applicant shall enter the approved curriculum from which he or she will graduate.
5. ITEM B4 – DATE. The applicant shall enter the date he or she will graduate or when the certificate of completion will be issued.

BLOCK III – RECORD OF EXPERIENCE

Note: Before an applicant will be authorised to take an aviation mechanic computer knowledge test, an inspector will review the applicant's documents and records. The applicant's documents and records must show that the applicant received the required experience in civil activity and/or military activity. The inspector will determine that the applicant is eligible to take the appropriate computer knowledge test as required by CARS. The inspector who reviews these documents shall hold an AMT licence.

1. ITEM C – APPLICANTS OTHER THAN CASAS CERTIFIED SCHOOL GRADUATES.
 - a. When the applicant's experience was gained in civil and/or military activity, the applicant's experience will be entered in Block III.
 - b. The applicant's experience must meet the requirements in CARS 2.6.2.6.
 - c. The inspector shall advise applicants that the experience used to show qualifications shall be recorded in Block C. The applicant will enter his or her experience as follows:
 - i. DATES – MONTH AND YEAR. The applicant shall enter this date using eight-digit numeric characters (DD/MM/YYYY format).
 - ii. EMPLOYER AND LOCATION – The applicant will enter the employer's name and location in this area.
 - iii. TYPE WORK PERFORMED – The applicant will enter the type of work performed in this area. If all of the applicant's experience cannot be recorded in Block III, the applicant may use additional sheets of paper.

BLOCK IV – APPLICANT’S CERTIFICATION

Prior to applicant signing block IV, the following must be completed.

1. ITEM A – SIGNATURE. The inspector will have the applicant review Form AMT001 before the applicant signs his or her name.
 - a. Form AMT001 shall be signed as the applicant normally signs his or her name above or beside his or her typed or printed name.
 - b. For verification purposes, the inspector shall require the applicant to provide identification showing a photograph and signature.
 - A driver’s licence, military identification, passport, etc. may be used for verification.
 - The name and number of the document used for verification will be recorded in the REMARKS area.
 - c. The inspector shall explain that the applicant’s signature is a certification of true and correct information appearing on Form AMT001. False statements or false information for which the applicant has signed may be grounds to revoke all CASAS certificates he or she may possess.

NOTE: Prior to giving the oral and practical tests, the inspector will ask the applicant for identification to re-verify the information shown on Form AMT001. If identification has been recorded in the REMARKS area, the inspector will initial this to verify it is the same identification. If identification was not entered in the REMARKS area, the inspector will enter this information.

BLOCK V – I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF CARS PART 2 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS

Prior to the inspector signing block V, the following must be completed:

1. DATE. The inspector shall enter the date the authorisation took place, in 8-digit (DD/MM/YYYY) format.
2. INSPECTOR’S SIGNATURE. The inspector will sign his or her name and also print his or her name in this area.
3. CASAS OFFICE. The inspector will identify the CASAS Office assigned.

BLOCK VI – MECHANIC TESTS

All sections in block VI will be completed by the inspector or designated examiner upon completion of testing.

BLOCK VII – DESIGNATED EXAMINER’S REPORT

1. Upon completion of the testing the Designated Examiner will check the approved or disapproved block as appropriate.
2. Check the appropriate block identifying the type of attachments.
3. The designated examiner shall enter the date the test was completed, in 8-digit (DD/MM/YYYY) format.
4. The designated examiner will sign his or her name and also print his or her name in this area.
5. The designated examiner will enter his designation number in the appropriate block.

BLOCK VIII – APPLICANT’S CERTIFICATION

- a. Applicant is required to complete this block at the time the applicant passes the skill test.
- b. The applicant will sign his or her name and also print his or her name in this area.
- c. The applicant shall enter the date the test was completed, in 8-digit (DD/MM/YYYY) format.

BLOCK IX – CASAS INSPECTOR’S REPORT

1. Inspector will check the appropriate block identifying a review of papers or personally testing the applicant.
2. The inspector will indicate approval or disapproval.
3. The inspector shall enter the date paperwork was reviewed or the date the test was completed, in 8-digit (DD/MM/YYYY) format.
4. The inspector will sign his or her name and also print his or her name in this area.
5. The inspector will identify the office assigned.