



Form. No. RPPL.F.054  
AMDT No. 13.0  
Page No. 1 of 8  
Issue Date: 13/02/2024

**APPLICATION FOR  
INITIAL/AMENDMENT/RENEWAL OF PART-66 AIRCRAFT  
MAINTENANCE LICENCE (AML)**

**EASA FORM 19 (Issue 5)**

Please complete the form in **BLOCK CAPITALS** having read the guidance notes attached to this form.

### 1. APPLICANTS DETAILS

Surname: ..... First Name(s) : .....

Title (Mr. / Mrs. / Ms etc): ..... Date of Birth (dd/mm/yyyy): .....

Nationality: ..... Place of Birth (Town): ..... (Country): .....

Permanent address: .....

..... Postcode: .....

Contact Tel. No. .... Mobile Tel. No. ....

E-mail address: .....

Address for correspondence (if different from above): .....

..... Postcode: .....

Change of applicant's details: Yes  No  Please indicate (e.g. change of address) .....

.....  
.....

### 2. PART-66 AML DETAILS (if applicable)

Licence No. .... Date of Issue. ....

### 3. EMPLOYER DETAILS

Name: .....

Address: .....

.....

Maintenance Organisation Approval Reference: .....

Contact Tel. No. .... Fax. No./  
Email .....



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**4. I AM APPLYING FOR: (Please only tick ✓ relevant boxes for items being requested)**

Initial\* AML:  Amendment of AML:  Replacement of AML:  Transfer of State:   
 Renewal of AML:  Removal of Limitation:  Conversion (National to Part-66 AML):

**\*Note – Application for an initial Category A AML where the applicant does not already hold an AML shall be through the MySRS platform  
 Please review PLAM 038 on the IAA website for more information.**

Category / 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 of 2t and below					<input type="checkbox"/>		
Complex motor-powered aircraft						<input type="checkbox"/>	
Aircraft other than complex motor-powered aircraft						<input type="checkbox"/>	
<b>System ratings for B2L licence:</b>							
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"/>			
<b>L-licence subcategories:</b>							
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"/>
L5: Gas airships other than ELA2							<input type="checkbox"/>





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 MAINTENANCE LICENCE (AML)**  
**EASA FORM 19 (Issue 5)**

## 7. IAA SUMMARY PRIVACY NOTICE

How will we use your information?

The information you provide to us via this form will be used to enable us to carry out our regulatory duties including processing your request detailed in Section 4 of this form, the administration and maintenance of subsequent licences/certificates and for enforcement purposes.

We will not disclose any of your information to any organisation without your explicit consent, except where we are obliged to do so under relevant EU and Irish legislation, or to verify supporting documentation supplied by you, or to comply with law enforcement agencies.

Where can you find out more?

To find out more about how the IAA respects your privacy, please read our detailed privacy notice at <https://www.iaa.ie/home/footer-tools/privacy> or contact our Data Protection Officer at [dataprotection@iaa.ie](mailto:dataprotection@iaa.ie), or write to Data Protection Officer, Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, D02 T449. Date:

## 8. APPLICATION & DECLARATION

**\*Note – Application for an initial Category A AML where the applicant does not already hold an AML shall be through the MySRS platform  
 Please review PLAM 038 on the IAA website for more information.**

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

I herewith confirm that:

1. I am not holding any Part-66 AML issued in another Member State (unless this is a transfer request identified in Section 4),
2. I have not applied for any Part-66 AML in another Member State and
3. I never had a Part-66 AML issued in 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.

I consent to the IAA verifying any elements of this application with the appropriate issuing bodies or organisations relevant to the application.

Signed: ..... Print Name.....

Date: .....

**Note:** Under Article 34 of the Irish Aviation (Personnel Licensing) Order 2000, it is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence, whether for that person or any other person. This offence is punishable on summary conviction by a fine up to €5,000, or to imprisonment for a term not exceeding 6 months or to both, or on conviction on indictment with a fine or up to €500,000, or to imprisonment for a term not exceeding 3 years or to both."

## 9. VERIFICATION (required for initial application and addition of category / sub-category)

Verification (if applicable). I hereby verify that the experience claimed in this application and accomplished in this Organisation is correct.


Name: .....

Signature: ..... Date: .....

Email address: ..... Organisations Approval number: .....

Organisation Stamp:

NOTE: The referee required to countersign the form must be a Quality Manager or the immediate senior person within the Quality Department of your current employer, or the organisation where the experience was gained.

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## GUIDANCE NOTES, PAYMENT FORM & SUBMISSION INSTRUCTIONS

### Guidance Notes

All sections of the application form must be completed by the applicant personally, any section not applicable should be marked N/A.

Please complete the application form in **BLOCK CAPITALS**.

Details of where to send your application, including a checklist for the required supporting documentation can be found under 'Submission Instructions' at the end of this form.

In order for the IAA to process your application as quickly as possible, it is important that you complete the application form correctly. The application form applies to a number of different categories and ratings, so not all sections may be applicable to you. Please complete the form in conjunction with the following guidance notes.

### Section 1 – Applicant Details

The permanent address will be the address to which the licence will be sent if issued. If you want the licence sent to an alternative address, please enter the details under "Address for correspondence".

### Section 2 – Part-66 AML Details

Remember that your current licence must be submitted with the application (see the relevant checklist on page 6).

### Section 3 - Employer Details

Please enter details of your current employer, including the organisations Approval Number.

### Section 4 – Application for:

Indicate the type of application being made namely:

- Initial application for an AML
- Amendment of AML
- Removal of Limitations
- Conversion (National AMEL to Part-66 AML)
- Renewal of AML
- Replacement of AML
- Transfer of State

**NOTE: Only one Category B request will be processed at initial application (e.g.: B1.1 or B2).**

In the type rating endorsements section indicate which new or additional ratings you are requesting in this application.

Provide details of any credits that you are claiming. Remember to enclose all relevant certificates.

### Section 5 – List all relevant Certificates enclosed with this application

Original Certificates of Recognition must be supplied. Certified true copies of originals may be accepted if the copy is verified by an Irish Part-145 or Part M/F Organisations Quality Manager or accepted nominated signatories.

### Section 6 – Summary of Aircraft Maintenance Experience

Enter a summary of any experience that is relevant to the application in this section. This section must be completed. Other documents may be used but they must be referenced here.

**Certified true copies** of original experience documents must be submitted, (the nominated signatory must state that they certify document is a complete and true copy of original along and insert their name (in block letters), signature, date and job title), this experience needs to be certified by Quality Manager or accepted nominated signatories.

Required maintenance experience shall be written up in a manner that the reader has a reasonable understanding of where, when and what maintenance constitutes the experience.

### Section 8 – Application & Declaration

This section must be completed by the applicant after reviewing all information entered on the application form.

### Section 9 – Verification (not for Part-66 renewal)

The referee required to countersign the form must be a Quality Manager or the immediate senior person within the Quality Department of your current employer, or the organisation where the experience was gained.

### Appendix 1 – Basic Experience Matrix

This section must be completed by the applicant when applying for an initial or an amendment to a basic category. Failure to complete accurately will result in your application being returned to you and any incorrect information could disqualify you from holding a Part-66 AML. Return postage charges may apply.

**Note:** It is an offence for a person to make, procure to be made, or assist in making any false representations for the purpose of procuring for any reason the issue, validation, extension or re-issue of a licence, whether for that person or any other person.



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**PAYMENT FORM**

The current Licence fees can be found on the IAA website ([www.iaa.ie](http://www.iaa.ie)).  
 Full details of fees charged and levied by the IAA are published in the Irish Aviation Authority Schedule of Charges.  
 I am paying by: -

MASTERCARD  VISA  OTHER  \_\_\_\_\_

(please specify)

**- PLEASE DO NOT SEND CASH -**

Please make cheques payable to 'Irish Aviation Authority'.  
 Please note that we do not accept **AMERICAN EXPRESS** or **DINERS CARD**.

If paying by credit or debit card, please complete the information required below (in block capitals). **Note:** All credit card details are destroyed upon completion of the transaction. If you would prefer to give card details over the telephone, please call us on +353 1 603 1109 ensuring that you have all the information required below to hand.

Do you require your licence to be sent: By Courier (*at your own expense*)  By Registered Post (*see notes below*)

Name of Card holder (as stated on the card) \_\_\_\_\_

Card Number

Valid from:   /   Expiry Date   /

Security Code (last 3 digits on signature strip on reverse of card)

Address of Card holder, if different from applicant \_\_\_\_\_  
 \_\_\_\_\_

**SUBMISSION INSTRUCTIONS (see Guidance Notes)**

Send your completed application form to:  
 Personnel Licensing Office (Maintenance Engineer), Irish Aviation Authority, The Times Building, 11-12 D'Olier Street, Dublin 2, Ireland.  
 The tables on page 6 of this form outline the required information / documents that shall be submitted with each EASA Part-66 AML application.

**Note 1.** Items sent by registered post to locations outside the EU or by courier service will be charged a fee according to the regional area destination of each posting in addition to the normal fee. Items sent by registered post within the EU do not normally attract additional charges unless the returned submission is considered to be other than an envelope (e.g. a packet)

**Note 2.** Where an application is made for the issue of a Licence, and where such application is subsequently withdrawn after the Authority has incurred the expense of the administration associated with such application, the fee payable will be 80% of the fee payable for the issue of the relevant Licence.

**Please note that failure to submit all required documentation may result in the return of your application.**



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**EASA FORM 19 (Issue 5)**

Please enclose the following with your application:

Initial Issue	Initial Issue (Conversion of National AMEL)
<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport <input type="checkbox"/> All relevant Part-66 modular certificates for the required category(s)... See guidance note for section 5 <input type="checkbox"/> Evidence of the required experience, including appendix 1. <input type="checkbox"/> See guidance note for section 6 especially reference to <b><u>Certified true copies.</u></b> <input type="checkbox"/> Only one Category B request will be processed at initial application (e.g.: B1.1 or B2). <input type="checkbox"/> Completed payment form.	<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport. <input type="checkbox"/> National Licence (Original, not a Copy) <input type="checkbox"/> Details and evidence of BAEC examinations passed. <input type="checkbox"/> Completed payment form.

Amendment Additional Category / Sub-Category	Amendment Addition of Type Rating
<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Part-66 AML (Original, not a Copy) <input type="checkbox"/> All relevant Part-66 modular certificates for the required category(s). See guidance note for section 5. <input type="checkbox"/> Evidence of the required experience, including appendix 1. <input type="checkbox"/> See guidance note for section 6 especially reference to <b><u>Certified true copies...</u></b> <input type="checkbox"/> Completed payment form.	<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport. <input type="checkbox"/> Part-66 AML (Original, not a Copy) <input type="checkbox"/> Type training certificate(s) which must cover theoretical training and practical training and assessment. <input type="checkbox"/> Completed On the Job Training ( <b>for first type rating only</b> ). This should be performed at an IAA approved Part 145 organisation. If not, the OJT must be accepted by the IAA prior to use. <input type="checkbox"/> Completed payment form.

Amendment Removal of a limitation	Replacement
<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Part-66 AML (Original, not a Copy) <input type="checkbox"/> Training certificated as required. See guidance note for section 5. <input type="checkbox"/> Evidence of the required experience. See guidance note for section 6 especially reference to <b><u>Certified true copies...</u></b> <input type="checkbox"/> Completed payment form.	<input type="checkbox"/> Copy of Garda Report, signed, stamped, and dated. <input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Copy of Licence if available <input type="checkbox"/> Completed payment form.

Renewal	Transfer of EASA Part 66 from another State
<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Part-66 AML (Original, not a Copy) <input type="checkbox"/> Completed payment form.	<input type="checkbox"/> EASA Form 19 (this form) properly completed and signed. <input type="checkbox"/> Copy of Passport <input type="checkbox"/> Part-66 AML (Original. If original State require the original to be sent to them, submit a certified true copy of the licence) <input type="checkbox"/> Completed payment form.



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**EASA FORM 19 (Issue 5)**

**Appendix 1: Basic Experience Matrix (see Guidance Notes)**

Applicants Name:													
Question 1	Did you complete a Part 147 Basic training course?												
Question 2	Are you considered a Skilled worker?												
Question 3	What is the licence category being sought?												
		Required weeks of experience				Total submitted weeks of experience				Time of Application			
Year						Year							Year
January						January							January
February						February							February
March						March							March
April						April							April
May						May							May
June						June							June
July						July							July
August						August							August
September						September							September
October						October							October
November						November							November
December						December							December
Total Weeks per year													
Total													

**Instructions for use**

- 1 Answer questions 1 to 3
- 2 Determine the required weeks of experience for this application using the answers to questions 1-3 and PLAM 032.
- 3 Enter the required weeks in the box labeled "Required weeks of experience".
- 4 Each box in the matrix represents one week. A maximum of two entries are counted for each week.
- 5 Enter the number "1" for each complete week that has a minimum of two entries of relevant experience
- 6 Add the total weeks at the end of completion of each year. The total number of weeks must equal or exceed the required weeks of experience.
- 7 Sign the form and include the completed form with your licence application ( RPPL.F.054 EASA Form 19).

**Note:** This matrix will be used to evaluate experience submitted with your application. Failure to complete accurately may result in your application being returned to you.

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_