

CCAA PEL 020
AVIATION MAINTENANCE TECHNICIAN LICENCE, RATING, CONVERSION OR
VALIDATION CERTIFICATE APPLICATION

I. APPLICATION FOR:

A.	<input type="checkbox"/> Original Issuance	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-issue	<input type="checkbox"/> Added Rating	<input type="checkbox"/> Validation	<input type="checkbox"/> Conversion	<input type="checkbox"/> Amendment
B. Ratings	A	B1	B2	B3	C		
Airplane Turbine	<input type="checkbox"/>	<input type="checkbox"/>					
Airplane 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"/>				
Piston engine non-pressurized aeroplanes of MTOM of 2t and below				<input type="checkbox"/>			
Large Aircraft					<input type="checkbox"/>		
Large Aircraft other than Large aircrafts					<input type="checkbox"/>		

Type endorsement/Rating endorsement / Limitation removal (if applicable):

II. APPLICANT INFORMATION:

1. Legal name (last, first, middle):		2. Identification Number:	3. Date of birth (dd/mm/yy):
4a. Permanent mailing address (number and street):		4b. City and state or province:	4c. Country and postal code:
		5. Place of Birth:	6. Telephone number:
			7. Email address:
8. Nationality:	9. Height (cm)	10. Weight (kg):	11. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
12. Hair:	13. Eyes:		

14a. Do you now hold, or have you ever held a CCAA licence? If yes, complete blocks 14b through 14e. <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	14b. If yes, has your licence ever been suspended or revoked? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	14c. Type of Licence:	14d. Licence Number:
		14e. Date issued (dd/mm/yyyy):	
15a. Do you speak and understand the language of Curaçao? <input type="checkbox"/> Yes <input type="checkbox"/> No	15b. Do you speak and understand the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No		
III. LICENCE, RATING, CONVERSION OR VALIDATION CERTIFICATE APPLIED FOR ON BASIS OF:			
<input type="checkbox"/> A. Knowledge Test	1. Knowledge test for applied for:	2a. Knowledge test successfully completed for: 2b. Knowledge test date of completion (dd/mm/yyyy):	
<input type="checkbox"/> B. Assessment	1. Assessment applied for:	2a. Skill test successfully completed for: _____	
		2b. Assessment date of completion (dd/mm/yyyy):	
<input type="checkbox"/> C. Graduate from an Approved Training Organisation (ATO):	1. Name and location of ATO:	2. ATO Certificate Number:	
	3. Course from which graduated:	4. Graduation Date (dd/mm/yyyy):	
<input type="checkbox"/> D. Holder of a Foreign Licence:	1. Country:	2. Type of Licence:	3. Licence Number:
	4. Ratings:		

<input type="checkbox"/> E. Military Competence:	1. Service:		
	4. Ratings:		
<input type="checkbox"/> F. Civilian Experience:			

IV. EXPERIENCE:

1. Dates(month and year)		2. Employer and Location	3. Type of Work Performed
From	To		

V. APPLICANT'S CERTIFICATION:

I certify that the statements made by me on this application are true.	1. Signature (print name and sign) :	2. Date (dd/mm/yyyy):

VI. ENDORSEMENT FOR THE KNOWLEDGE TEST

A. AUTHORIZED INSTRUCTOR

I have personally instructed the applicant in the subject areas required by the CCARs for the licence, rating or certificate and consider this person ready to take the knowledge test.

1. Date (dd/mm/yyyy)	2. Instructor's name and signature (print name and sign)	3. Instructor's licence number:	4. Instructor's licence expiration date (dd/mm/yyyy):

B. APPROVED TRAINING ORGANIZATION:

The applicant has successfully completed our _____ approved course, and is recommended for _____ test.

1. Date (dd/mm/yyyy):	2. ATO name:	3. ATO certificate number	4. Name, title and signature of ATO official (print name, title and sign)
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VII. ENDORSEMENT FOR THE ASSESSMENT

A. AUTHORIZED INSTRUCTOR

I have personally instructed the applicant in the subject areas required by the CCAR for the licence, rating or certificate and consider this person ready to take the Assessment.

1. Date (dd/mm/yyyy)	2. Instructor's name and signature (print and sign)	3. Instructor's Licence number.	4. Instructor's licence expiration date(dd/mm/yyyy)
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B. APPROVED TRAINING ORGANIZATION

The applicant has successfully completed our _____ approved course, and is endorsed for the _____ test.

1. Date (dd/mm/yyyy)	2. ATO name	3. ATO certificate number	4. Name, title and signature of ATO official. (print name, title and sign)
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C. CCAA AUTHORISATION

- I have personally reviewed this applicant's application, identification and other required documentation and find this applicant meets the requirements of CCARs Part 2 for the Licence, Rating or certificate sought and authorize the applicant to take the knowledge test.

Initial Knowledge Test
 Re-test after failure.
 Renewal.
 Re-issue.
- I have personally reviewed this applicant's application, identification and other required documentation and find this applicant **does not** meet the requirements of CCARs Part 2 for the Licence, Rating or certificate sought and is **not** authorized to take the Assessment .

3. Remarks (if any):

4. Name, title and signature of CCAA official who conducted the review.

(printed name and title)

(signature)

Date: _____(dd/mm/yyyy)

VIII. Mechanic Assessment Result										Remarks
1. GENERAL ASSESSMENT										
1a. Oral Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Question number failed										
1b. Practical Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Task number failed										
2. AIRFRAME RATING ASSESSMENT										
Airframe Structures										
2a. Oral Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Question number failed										
2b. Practical Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Task number failed										
Airframe Systems and Components										
2c. Oral Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Question number failed										
2d. Practical Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Task number failed										
3. POWERPLANT RATING ASSESSMENT										
Powerplant Theory and Maintenance										
3a. Oral Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Question number failed										
3b. Practical Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Task number failed										
Powerplant Systems and Components										
3c. Oral Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Question number failed										
3d. Practical Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Task number failed										
4. AVIONICS RATING ASSESSMENT										
4a. Oral Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Question number failed										
4b. Practical Pass <input type="checkbox"/> Expiration date Fail <input type="checkbox"/>										
Task number failed										

IX. ASSESSMENT REPORT (EXAMINER OR CCAA INSPECTOR)

1. Examiner or Inspector statement.

- a. I have personally reviewed this applicant's application, identification and other required documentation and find this applicant meets the requirements of CCARs Part 2 for the Licence, rating or certificate sought.
- b. I have personally tested/checked this applicant in accordance with pertinent procedures and requirements with the results indicated below.
 - Approved.
 - Disapproved – Notice of Denial issued
- c. I have personally checked that this applicant meets the language proficiency requirements for the:
 - English Language.

2. Location of test (facility, city, state or province, country)

3. Licence, rating or certificate for which tested.

4. Attachments

- Report of knowledge test. Superseded certificate. Letter.

5. Date (dd/mm/yyyy)	6. Examiner's or inspector's name and signature (print and sign)	7. Examiner's designation number or inspector's licence number.	8. Examiner's designation expiration date (dd/mm/yyyy)
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X. CCAA Report

A. CCAA Action

- Examiners/Inspector recommendation
 - Accepted
 - Rejected
- Issue of aviation mechanic technician licence
- Renewal of aviation mechanic technician licence
- Re-issue of aviation mechanic technician licence
- Issue of rating
- Renewal of rating
- Re-issue of rating

Indicate rating:

- Airframe
- Power plant
- Avionics

- Issue of validation certificate
- Other _____

B. Attachments

- Knowledge test report
- Assessment report
- Notice of Denial
- Letter of Discontinuance
- Graduation certificate (copy)
- Copy of applicant's identification
- Verification of authenticity of foreign licence

C. Applicant's Identification

Type of Government-issued identification _____

Identification number _____

Expiration date _____

XI. CCAA Issuance

A. Licence, Rating or Validation Certificate Issued

- Licence _____ Expiration date* _____
- Rating _____ Expiration date* _____
- Validation certificate _____ Expiration date* _____

* Date format (dd/mm/yyyy)

B. CCAA Authorisation

Name, title and signature of CCAA official who completed the issuance

(printed name and title)

(signature)

Date _____ (dd/mm/yyyy)

INTENTIONALLY LEFT BLANK.