

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision:0 Form
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SN	PRELIMINARY INFORMATION:		
1	Surname:	First Name	
2	Date of Birth:	Place of birth:	
3	Nationality:		
4	Category/rating(s) held:		
5	License Number	Licence expired date:	
6	Postal address:	Employer/AMO:	
7	Contact details:	Email address	
8	Last date licence privileges exercised		
9	LAPSED PERIOD (Tick as appropriate)		
	Less than 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/>		
10	EXPERIENCE		
	Experience type	Total months/years	Remarks
	AMO/Operator Employment		
	Practical Certification		
	Training/Refresher Course		
11	REQUIRED DOCUMENTS TO BE ATTACHED WITH THIS APPLICATION		
	i. Statement from Applicant confirming licence privileges not exercised during lapse period.		
	ii. Statement from Employer/AMO confirming privileges not exercised		
	iii. If privileges were exercised on expired licence: Statement explaining circumstances and corrective action		
12	DECLARATION		
	I declare to the best of my knowledge and belief, that the information given in this application and attachments are complete and correct.		
	NAME	SIGNATURE	DATE
OFFICIAL USE ONLY			
13	Remarks: The application (Accepted/ Rejected)		
14	Name of PEL Officer/Inspector.		
15	Date		
16	Signature		



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DIRECTORATE OF SAFETY REGULATIONS
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