

**1. Information about the applicant**

EASA Form 19

Surname	Personal identity number
First Names (please underline the most commonly used first name)	
Postal address	Post code and place of destination
Telephone	E-mail
Nationality	Place of birth
Certificate number	Date of the first issuance

**2. Information about the employer**

Name	Part-M/Part-145 approval number
Telephone (including area code)	E-mail

**3. Application for (tick relevant box/boxes)**

Initial <input type="checkbox"/>	Amendment <input type="checkbox"/>	Renewal <input type="checkbox"/>	Transfer <input type="checkbox"/>	Conversion <input type="checkbox"/>
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Note! For amendment/renewal, the valid licence, in the original, shall be attached to the application

(Sub)categories	A	B1	B2	B2L	B3	C	L
Aeroplanes Turbine	<input type="checkbox"/>	<input type="checkbox"/>		(see below)			(see below)
Aeroplanes Piston	<input type="checkbox"/>	<input type="checkbox"/>					
Helicopter Turbine	<input type="checkbox"/>	<input type="checkbox"/>					
Helicopter Piston	<input type="checkbox"/>	<input type="checkbox"/>					
Avionic			<input type="checkbox"/>	<input type="checkbox"/>			
Piston engine non-pressurised aeroplane of MTOM of 2000 kg and below					<input type="checkbox"/>		
Complex motor-powered aircraft						<input type="checkbox"/>	
Aircraft other than complex motor-powered aircraft						<input type="checkbox"/>	

**System ratings for B2L licence**

Autoflight	<input type="checkbox"/>
Instruments	<input type="checkbox"/>
Communication/navigation (com/nav)	<input type="checkbox"/>
Surveillance	<input type="checkbox"/>
Airframe systems	<input type="checkbox"/>

**L-licence subcategories**

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"/>

Free form text field: For example; Proofing for loss license / proofing that no CRS has been made during loss/expired license / Request for type-endorsement/ validation/ removal of limitation (if applicable), Transfer to/from the Swedish Part-66 registry.

**4. Theoretical training**

Training organisation	According to attachment number	Period

**5. Practical training**

Training organisation	According to attachment number	Period

**6. Information**

The following documents shall be submitted, IN THE ORIGINAL:

- The application, which must be signed.
- The valid licence.

Other documents than the above mentioned may be attested copies.

For applicants that do not hold Swedish citizenship, the following shall also be submitted:

- Certified copy of passport.
- An extract from the criminal record in English from the police authority in the state where the citizenship is held, with reference to the requirements in section 11, LFS 2008:3. The extract shall be taken not more than one month previous to the date of application.

Send the application to:

Transportstyrelsen

Sjö- och luftfartsavdelningen, Certifikat

SE-601 73 Norrköping, Sweden

Internet: [www.transportstyrelsen.se](http://www.transportstyrelsen.se)

**7. The Applicant's confirmation**

I would like to apply for initial/amendment/renewal of Part-66 Aircraft Maintenance Licence according to the stated on this form, and I hereby confirm that the information was correct at the time of application.

I hereby certify that:

- I do not hold a Part-66 Aircraft Maintenance Licence (AML) issued by another member state.
- I have not applied for a Part-66 Aircraft Maintenance Licence (AML) in another member state.
- I have never held a Part-66 Aircraft Maintenance Licence (AML) that was issued in another member state and that has been revoked or suspended in another member state.

By signing this application, I, the applicant, allow the Swedish Transport Agency to request an extract from the Swedish National Police Board's criminal record on my behalf, with reference to the requirements in section 11 of LFS 2008:32.

I understand that any incorrect information could disqualify me from holding a Part-66 AML.

**8. Applicant's signature**

Date	Print name
Signature	