

CERTIFICATE OF PRACTICAL MAINTENANCE EXPERIENCE

if an applicant has been working in other organizations, he should add confirmation of maintenance experience on separate attachments

I hereby certify that Mr./Ms. has been working within the scope of functions covered by category B2 / B2L* of AML Part 66 License as an aircraft engineer on operating aircraft carrying out routine line/base* maintenance tasks, including inspections and defects rectification duties in accordance with the aircraft approved data and maintenance organization procedures.

* - delete as applicable

Combined maintenance practice (no division into particular types of aircraft)

Item	Aircraft (powerplant/equipment)	Autopilot	Instruments	Communication /navigation	Surveillance	Airframe systems	Electrical systems	Time period from-to dd/mm/yyyy + dd/mm/yyyy	Number of days

Insert „YES”, if applicable

Insert „NO” if not

**Most recent practice prior to application (12 months) - 66.A.30 (d)
(by aircraft type)**

Item	Aircraft (powerplant/equipment)	Autopilot	Instruments	Communication /navigation	Surveillance	Airframe systems	Electrical systems	Time period from-to dd/mm/yyyy + dd/mm/yyyy	Number of days

Insert „YES”, if applicable

Insert „NO” if not

Remarks:

1. Taking into account the period of one year, the last practice in performing maintenance activities should be 230 days.
2. At least 50% (115 days) of the required 12 months recent experience must be gained in the last 12 months prior to application. The remainder of the latest experience had to be gained in the 7 years preceding the license application.

All the service activities are noted in:

- documents held in the organization:.....
- organization's electronic systems:
- mechanic's logbook:
- aircraft maintenance documents (when certified by independent certifying staff or pilot-owner):
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Organization certifying person / Independent Certifying Staff / Pilot-Owner*

Name of Maintenance Organization / AMO approval reference:.....

Position: Production Manager / Quality Manager:.....

(Match appropriate position)

Independent certifying Staff / No of licence:

Pilot-owner / No of licence:

First name and last name:.....

Signature (stamp):.....

Place, date:.....