

Holder's Information	
Last Name :	
First Name :	
Employee N° :	

## Licensed Aircraft Engineer

## Log Book

<b>Log Book N° :</b>	
Start Date :	
Close Date :	

# BOOK PRESENTATION

## PURPOSE OF THIS BOOK

This booklet is used to gather a set of information related to your training, your qualifications and accreditations for both individual and recorded experience in aviation general maintenance, useful information such as your potential CRS and / or support for CRS personnel. Your experience is gained and validated in your maintenance organization. This logbook is a means of recording the experience used in the particular sector in which you are assigned.

## WHO IS CONCERNED?

The use of this booklet concerns you if you fall into one of the following categories:

- technician about to have a CRS,
- technician already holder of a CRS,
- category B1/B2 technician expected to be appointed assistant to category C staff,
- B1/B2 technician already appointed assistant to category C staff.

**Optional:** this booklet is also to be used by the following categories: cabin/outfitting mechanic, sheet metal worker, contractor, inspector. Each technician is required to fill out this booklet himself.

## WHAT SORT OF INFORMATION IS RELATED TO THE RECORDED EXPERIENCE?

Experience is recognized as follow:

- Completion of maintenance tasks on an aircraft system (“performed” column),
- Conducting control on maintenance tasks (“control” column),
- Coaching a team of technicians / conducting a check or part of a check or a project (“management” column),
- CRS release (“CRS” column).

Basic information on experience to be recorded is as follow:

- date of intervention,
- aircraft type,
- registration (optional),
- ATA (optional),
- Purpose of the intervention (task title or intervention description),
- Intervention place (base or ligne),
- Type of experience or position held (Performed, Control, Management, CRS).

The level of recorded details related to experience may be limited in order to avoid heavy burden on typing/writing but should be sufficient to enable assessment of your general experience and experience on each aircraft family.

To be validated, a working day should at least be covered by a recorded task.

It is however advisable to provide a record for each significant intervention (or series of tasks) carried out on a single day in the case of interventions concerning aircraft of different family and/or complex interventions or rarely performed.

## HOW TO FILL IT OUT?

This booklet should be filled out by hand-writing in capital letters and be legible and permanent. Abbreviations should be minimized.

All boxes must be filled systematically with the exception of the optional ones.

## WHEN TO FILL IT OUT?

This booklet must be completed as you gain your experience and without discontinuity (at least once a week).

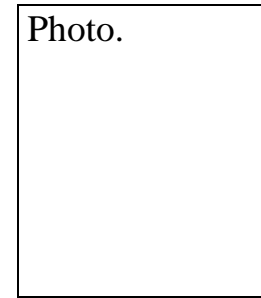
## HOW TO HAVE THESE RECORDS VALIDATED?

If all records are your responsibility as a technician, control of these should be done systematically, regularly and formalized by a supervisor nominated by your maintenance organization. A validation can cover all records on a page of this booklet.

## **IMPORTANT**

Recorded tasks are verified by the Quality Department of your maintenance organization upon issuance, extension or renewal of your CRS or for any other case requiring verification. You must ensure that these records properly cover your periods of activity and your panel of maintenance tasks actually carried out.

An obvious failure in recording your experience over a significant period of time or poor quality of recorded experience, can justify the complete or partial suspension of your CRS.



NAME		DATE OF BIRTH	
FIRST NAME		NATIONALITY	

**ADDRESS**

STREET			
CITY			
AREA CODE			
COUNTRY			

**ADDRESS (if different)**

STREET			
CITY			
AREA CODE			
COUNTRY			

NAME :

**BASIC TRAINING**

<b><u>TRAINING CENTER / SCHOOL</u></b>				Signature
ADDRESS				
TRAINING				
CERTIFICATE				
START DATE		END DATE		

<b><u>TRAINING CENTER / SCHOOL</u></b>				Signature
ADDRESS				
TRAINING				
CERTIFICATE				
START DATE		START DATE		

<b><u>TRAINING CENTER / SCHOOL</u></b>				Signature
ADDRESS				
TRAINING				
CERTIFICATE				
START DATE		START DATE		

Company		Date		Signature	
Name					

NAME :

**TYPE/TECHNICAL TRAINING**

TYPE	TRAINING NAME	DURATION				TRAINING CENTER	Signature
		Start	End	Theory	OJT		

Company		Date		Signature	
Name					



NAME :

**CONTINUOUS TRAINING**

TYPE	TRAINING NAME	DURATION				TRAINING CENTER	Signature
		Start	End	Theory	OJT		

Company		Date		Signature	
Name					



NAME :

**EMPLOYER**

COMPANY	PLACE	START DATE	END DATE	Signature
DEPARTMENT	RESPONSABILITY	START	END	

**CRS HABILITATIONS**

CRS NUMBER	AIRCRAFT TYPE	LIMITATIONS	DATE OF ISSUE	DATE OF WITHDRAW	Signature

Company		Date		Signature	
Name					

NAME :

**MAINTENANCE EXPERIENCE**

DATE	A/C TYPE	A/C REG.	ATA	TASKS / INTERVENTIONS	PLACE		POSITIONS				Signature
					Base	Line	Performed	Control	Management	CRS	

Company/airline		Date		Signature*	
Name					

**\*THE ABOVE WORK HAS BEEN CARRIED OUT CORRECTLY BY THE LOGBOOK OWNER AND IN ACCORDANCE WITH THE APPROPRIATE TECHNICAL DOCUMENTATION**

NAME :

**MAINTENANCE EXPERIENCE**

DATE	A/C TYPE	A/C REG.	ATA	TASKS / INTERVENTIONS	PLACE		POSITIONS			Signature
					Base	Line	Performed	Control	Management	

Company/airline		Date		Signature*	
Name					

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DATE	A/C TYPE	A/C REG.	ATA	TASKS / INTERVENTIONS	PLACE		POSITIONS			Signature
					Base	Line	Performed	Control	Management	

Company/airline		Date		Signature*	
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