

SCHEDULE OF EXPERIENCE CATEGORY AIRFRAMES GROUP 1, 2, 3, 4, 5, 6, 7, 10 & 19

SCHEDULE OF EXPERIENCE (SOE) CATEGORY AIRFRAMES GROUPS: 1, 2, 3, 4, 5, 6, 7, 10 AND 19

1. PURPOSE OF THE SCHEDULE

1.1 The purpose of the SOE is to provide evidence that applicants for the grant of a licence or rating in the Airframe Category Groups 1, 2, 3, 4, 5, 6, 7, 10 and 19 have met the practical experience requirements specified in CAO 100.91.

Note: The practical experience requirement referred to above is:

- (a) maintenance that is required to be and has been certified by an appropriate Licensed Aircraft Maintenance Engineer (LAME); or
- (b) maintenance on a component, not installed in an aircraft, that would be required to be certified by an appropriate LAME if the component was fitted to an aircraft.

- 1.2 Entries in this SOE **do not** constitute certifications of maintenance.
- 1.3 In order to meet the practical experience requirements for the grant of a licence or rating, applicants must complete the total hours of work specified in each relevant task area for the group sought.
- 1.4 Notwithstanding the requirement stated in paragraph 1.3, applicants who hold a rating as indicated in column (a) may have their experience requirement in each task area of the SOE **reduced by** the percentage specified in column (b) as indicated below:

(a) RATING HELD				(b) RATING SOUG	HT			
	1	2	3	4	5	6	7	10	19
Airframes Group 1	-	(#1)	-	-	-	-	-	-	(#1)
Airframes Group 2	(#2)	_	-	-	-	-	-	-	50%
Airframes Group 19	(#3)	100%	-	-	50%	-	-	-	-
Aeroplanes Classified Airframes Group 20	(#4)	(#1)	-	-	(#5)	(#5)	-	(#5)	-
Helicopters Classified Airframes Group 20	(#2)	(#4)	-	-	(#5)	(#5)	-	-	(#4)
Electrical Group 1	(#6)	(#6)	-	-	-	-	-	-	(#6)
Electrical Group 2 or 20	(#6)	(#6)	-	-	-	50%	-	-	(#6)
Any Instrument	(#7)	(#7)	-	-	-	-	-	-	(#7)

- Note: (#1) A reduction of 50% applies to Group tasks scheduled maintenance and structures, landing gear, while a reduction of 100% applies to fuel systems, heating, fire, furnishings, ice protection, oxygen, electrical and instrument systems.
 - (#2) A reduction of 50% applies to Group tasks scheduled maintenance, structures and ice protection, ventilation, fire, furnishings, while a reduction of 100% applies to electrical and instrument systems.
 - (#3) A reduction of 50% applies to Group tasks scheduled maintenance, structures, ice protection, ventilation, fire, furnishings, landing gear and fuel systems, while a reduction of 100% applies to electrical and instrument systems.
 - (#4) A reduction of 50% applies to the Group task scheduled maintenance, while a reduction of 100% applies to all other task areas.
 - (#5) A reduction of 50% applies to the rating sought provided that the Group 20 type has systems installed which relate to the group sought.
 - (#6) A reduction of 100% applies to the rating sought task electrical systems, when an electrical rating is held.
 - (#7) A reduction of 100% applies to the rating sought task instrument systems, when an instrument rating is held.

2. LAYOUT OF THE SCHEDULE

2.1 The SOE is divided into separate *sections*, each of which conforms with the airframe category grouping classifications 1, 2, 3, 4, 5, 6, 7, 10 and 19 specified in CAO 100.91.

- 2.2 Each *section* consists of *task areas* for which an applicant will be required to gain the necessary practical experience.
- 2.3 Each task area is allocated a predetermined experience requirement based on "total hours of work" or "number of tasks" required as applicable.
- 2.4 Because of the significance of certain maintenance tasks they may be designated as mandatory and as such the applicant **must** gain the necessary experience on these particular tasks.

3. COMPILATION OF THE SCHEDULE

- 3.1 Compilation of the relevant task area in each section is self explanatory, but in addition:
 - (a) for the Scheduled Maintenance Task Area, only enter the type of inspection carried out (eg. 100 hourly). Individual tasks carried out during the inspection may be claimed in other appropriate task areas;
 - (b) for all other task areas, only enter a brief description of the work carried out (eg. replaced main wheel tyre); and
 - (c) the "type of work carried out" entered in the relevant task area is to be as varied as possible.

Note: Excessive duplication of tasks to meet the total experience requirement of each task area will not be accepted.

3.2 Relevant maintenance simulator training, limited to 20% of the total hours in any task area, may be accepted as appropriate experience. Where a reduced requirement under paragraph 1.4 applies, a 10% limit will be applied under this paragraph (3.2).

Note: Acceptability of this training will be determined by the Airworthiness Inspector processing the SOE.

3.3 The appropriate "type of work carried out code" displayed at the bottom of each task area page is to be entered into the designated column beside the entry.

The codes to be entered are:

- P performed the task.
- O observed the task.
- S maintenance simulator training.

Note 1: Observing the task means the holder was present throughout the period when the task was being carried out and was instructed in the procedures involved in the task.

- Note 2: A minimum of at least 80% of the total "hours of work" claimed in each task area must be work actually performed.
- 3.4 An accurate record of the actual time spent carrying out each task should be entered in the appropriate column.
- 3.5 Applicants and those verifying should note that the experience claimed may be required to be authenticated by documentation or interview.

4. RESPONSIBILITIES OF THE APPLICANT

- 4.1 It is the responsibility of the applicant to compile this SOE and present it to an Airworthiness Inspector of the Authority when making application for a licence or rating.
- 4.2 It is the responsibility of the applicant to submit this SOE to an Airworthiness Inspector of the Authority for acceptance of completed tasks in the event of a change of employment/employer or before transferring from one Region to another.

Note: Failure to obtain acceptance of completed tasks **prior** to changing Region may result in a delay in the processing of the SOE. It is also recommended that acceptance of any task area be carried out within two years of completion of that task area.

5. RESPONSIBILITIES OF THE PERSON VERIFYING ENTRIES

- 5.1 For the purpose of verifying entries in this SOE, the person shall be:
 - (a) the LAME certifying for the work;
 - (b) a person appointed by the holder of a Certificate of Approval who has certified and supervised the work; or
 - (c) the instructor who supervised the training for the tasks coded S.
- 5.2 The signature, identification number (ie. licence number) and date recorded in the verification column against each maintenance task entry shall only be made by one of the persons nominated at paragraph 5.1 above.

Note: The date entered in the verification column shall be the date that the verification was made.

- 5.3 Completion of the verification column by a person nominated at paragraph 5.1 indicates that the applicant has:
 - (a) satisfactorily performed the task in accordance with approved data;
 - (b) together with others, satisfactorily performed the task in accordance with approved data;
 - (c) observed the tasks (refer paragraph 3.3); or
 - (d) received maintenance simulator training on the task.

6. VERIFICATION OF ENTRIES AND FALSIFICATION OF THOSE ENTRIES

6.1 Applicants, and those verifying completion of tasks, should note that all of the entries made in this SOE should be able to be verified if requested by an Airworthiness Inspector. If the entry cannot be verified it will not be considered as forming part of the applicants practical experience. Experience claimed may be required to be verified by documentation or interview of the applicant or the LAME supervisor.

Note: The attention of applicants and persons verifying entries in this SOE is drawn to the penalty provisions of the Criminal Code Act 1995 Part 74 Sect 136.1 false or misleading statements in applications. (Penalty – Imprisonment for 12 months).

7. SUMMARY OF EXPERIENCE

7.1 All of the Task Areas must be accepted by an Airworthiness
Inspector and the summary form completed before the applicant
qualifies for the experience requirements of the group sought.7.2
To accept a Task Area the Airworthiness Inspector is to ensure that:

- (a) the "work carried out" entered in the Task Areas of the SOE is of sufficient depth and scope to meet the experience requirements for that Task Area;
- (b) each entry of experience has been verified by a signature and an identification number of a person as specified in paragraph 5;
- (c) the designated mandatory tasks have been carried out;
- (d) the hours recorded in the "Time taken (hours)" column add up to, or exceed the number of hours required for the Task Area; and
- (e) if reduced experience is claimed in accordance with paragraph 1.4, the reduced hours entered are to be checked for accuracy, and that the Task Areas listed are correct for the rating sought. Where reduced experience is claimed, the percentage reduction and the basis of the claim is to be entered in the spaces provided on the form.
- 7.3 When all of the Experience Task Areas of the summary form have been accepted, a copy of the form is to be retained in the applicants records.

GROUP 1

Aeroplane Systems not Classified in Groups 2 to 20 inclusive

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE

CATEGORY AIRFRAMES GROUP 1

Surname:	G	iven Names:		Aviation Reference Number (ARN)/AME Licence Number:
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	IED: Yes/No	%	Basis =	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS	REDUCED HOURS	ACCI	EPTANCE OF EXPERIENCE
Scheduled Maintenance	250 Hours		Name:	
Structures	45 Hours		Name:	
Flight Controls	60 hours		Name:	•
Landing Gear	60 Hours		Name:	č
Fuel Systems	30 Hours		Name:	

When completed place a photocopy on AME history file.

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE (continued)

CATEGORY AIRFRAMES GROUP 1

Surname:	Giv	ven Names:		Aviation Reference Number (ARN)/AME Licence Number:
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	IED: Yes/No =	%	Basis =	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS	REDUCED HOURS	ACC	EPTANCE OF EXPERIENCE
Ice Protection/Oxygen Heating/Ventilation Fire Protection/ Emergency Equipment Furnishings	30 Hours		Name:Signature:	
Electrical Systems	25 Hours		Name:	Ç
Instrument Systems	25 Hours		Name:	Ç

When completed place a photocopy on AME history file.

	TASK AREA: Scheduled Maintenance				
Type of Inspection Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date
			(hours)	(hours)	(hours)

* P: Performed

O: Observed

	TASK AREA: Structures					
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

^{*} P: Performed

TASK AREA: Flight Controls					Verification		
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date	

P: Performed

O: Observed

	TASK AREA: Landing Gear (Includes performance of 4 complete retraction tests, one of which must be an emergency extension)				Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Fuel Systems					
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

* P: Performed

O: Observed

TASK ARE	TASK AREA: Ice Protection/Oxygen/Heating/Ventilation/Fire Protection/ Emergency Equipment/Furnishings				Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

TASK AREA: Electrical Systems					Verification		
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date	
Experience in this	s Task Area may be cumulative with Electrical syste	ems experience claime	ed in the Engin	ne category of Sched	ule of Experience.		

* P: Performed

O: Observed

TASK AREA: Instrum	ent Systems (To include a minimum of 4	Compass Calibr	rations)		Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Dat
	Task Area may be cumulative with Instrument syst		1: 1 5 :		1.1 05 :	

* P: Performed

O: Observed

GROUP 2

Helicopters not Fitted with Flight Control Hydraulic Boosting

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE

CATEGORY AIRFRAMES GROUP 2

Surname:	Gi	ven Names:		Aviation Reference Number (ARN)/AME Licence Number:
REDUCED EXPERIENCE CLAIN If YES – Percentage claimed	MED: Yes/No =	%	Basis =	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS	REDUCED HOURS	ACC	CEPTANCE OF EXPERIENCE
Scheduled Maintenance	250 Hours		Name:	•
Structures Landing Gear	50 Hours		Name:	č
Flight Controls	60 hours		Name:	č
Transmission Systems	20 Hours		Name:	

When completed place a photocopy on AME history file.

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE (continued)

CATEGORY AIRFRAMES GROUP 2

Surname:	Gi	ven Names:		Aviation Reference Number (ARN)/AME Licence Number:
REDUCED EXPERIENCE CLAIN If YES – Percentage claimed	MED: Yes/No =	%	Basis =	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS	REDUCED HOURS	ACC	EPTANCE OF EXPERIENCE
Heating/Ventilation Fire Protection/ Emergency Equipment Furnishings	25 Hours		Name:Signature:	
Electrical Systems	25 Hours		Name:	
Instrument Systems	25 Hours		Name:	č

When completed place a photocopy on AME history file.

	TASK AREA: Scheduled Maintenance	Signature Identification No.				
Aircraft Type & Registration or Workcard No.	Type of Inspection Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Structures/Landing Gear			Verification Signature Identification No.		
Aircraft Type & Registration or Workcard No.	Type of Inspection Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date
					-	
					-	

P: Performed

	ontrols (Includes: Performance of 5 blad & successful completion of 2 autorotation				Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Transmission System			•	Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

TASK AREA: Heating	/Ventilation/Fire Protection/Emergency	Equipment/Furn	ishings	,	Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Electrical Systems				Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date
Experience in the	nis Task Area may be cumulative with Electrical sys	stems experience clair	ned in the Eng	ine category Schedu	ile of Experience	1

* P: Performed

O: Observed

TASK AREA: Instrum	nent Systems (To include a minimum of	4 Compass Calibr	rations)		Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date
Experience in the	is Task Area may be cumulative with Instrument sy	stems experience clair	med in the Eng	vine category Schedi	ıle of Experience	1

* P: Performed

O: Observed

GROUP 3

Wooden Airframe Structures

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE

CATEGORY AIRFRAMES GROUP 3

Surname:	Gi	iven Names:			Aviation Ref Licence Nur	ference Number (ARN)/AME nber:
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	ED: Yes/No =	%	Basis	=	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS			ACCEPTAN	ICE OF EXPERIEN	NCE
Wooden Structures	120 Hours					

When completed place a photocopy on AME history file.

	TASK AREA: Wooden Structures			1	Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

GROUP 4

Fabric Covering of Airframe Structures

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE

CATEGORY AIRFRAMES GROUP 4

Surname:		Given Names:			Aviation Re Licence Nu	ference Number (ARN)/AME mber:
REDUCED EXPERIENCE CLAIN If YES – Percentage claimed	MED: Yes/No =	%	Basis	=	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS			ACCEPTAN	ICE OF EXPERIEN	ICE
Fabric Covering	120 Hours					

When completed place a photocopy on AME history file.

	TASK AREA: Fabric Covering	Signature Identification No.				
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

GROUP 5

Power Driven Fluid Systems other than Groups 2, 19 or 20

SUMMARY OF EXPERIENCE FOR AIRCRAFT MAINTENANCE ENGINEER LICENCE

CATEGORY AIRFRAMES GROUP 5

Surname:		Given Names:				Aviation Reference Number (ARN)/AME Licence Number:		
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	MED: Yes/No =	%	Basis	=	Group [] already held		
EXPERIENCE TASK AREA	FULL HOURS	ACCEPTANCE OF EXPERIENCE						
Power Fluid Systems	60 Hours							

When completed place a photocopy on AME history file.

(to inclu	Verification					
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

GROUP 6

Airconditioning Systems

CATEGORY AIRFRAMES GROUP 6

Surname:		Given Names:			Aviation Re Licence Nu	eference Number (ARN)/AME mber:	
REDUCED EXPERIENCE CLAIN If YES – Percentage claimed	MED: Yes/No =	%	Basis	=	Group [] already held	
EXPERIENCE TASK AREA	FULL HOURS	S		ACCEPTAN	NCE OF EXPERIEN	NCE	
Airconditioning Systems	30 Hours				_		

	TASK AREA: Airconditioning Systems	Verification				
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

GROUP 7

Aircraft of Fibre Reinforced Plastic Composite construction

CATEGORY AIRFRAMES GROUP 7

Surname:	G	iven Names:			Aviation Ref Licence Nun	Perence Number (ARN)/AME hber:
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	IED: Yes/No =	%	Basis	=	Group [] ready held
EXPERIENCE TASK AREA	FULL HOURS			ACCEPTANC	E OF EXPERIEN	CE
Composite Structures	250 Hours	Name:				

	TASK AREA: Composite Structures			1	Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

* P: Performed

O: Observed

GROUP 10

Pressurisation Systems

CATEGORY AIRFRAMES GROUP 10

Surname:	G	iven Names:			Aviation Re Licence Nu	ference Number (ARN)/AME mber:	
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	ED: Yes/No =	%	Basis	=	Group [] already held	
EXPERIENCE TASK AREA	FULL HOURS			ACCEPTAN	NCE OF EXPERIE	NCE	
Pressurisation Systems	25 Hours						

(Incl	TASK AREA: Pressurisation System uding a minimum of 4 pressurisation ground	tests)		1	Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

GROUP 19

Helicopters with Hydraulically Powered Flight Controls, not classified in Group 20

CATEGORY AIRFRAMES GROUP 19

Surname:	Gi	ven Names:	Aviation Reference Number (ARN)/AME Licence Number:
REDUCED EXPERIENCE CLAIR If YES – Percentage claimed	MED: Yes/No	%	Basis = Group [] already held
EXPERIENCE TASK AREA	FULL HOURS	REDUCED HOURS	ACCEPTANCE OF EXPERIENCE
Scheduled Maintenance	250 Hours		Name: Region: Date:
Structures	45 Hours		Name: Region: Date:
Landing Gear	60 hours		Name: Region: Date:
Flight Controls	70 Hours		Name: Region: Date:
Fuel Systems	30 Hours		Name: Region: Date:

CATEGORY AIRFRAMES GROUP 19

Surname:	G	iven Names:		Aviation Refer Licence Numb	rence Number (ARN)/AME ber:
REDUCED EXPERIENCE CLAIM If YES – Percentage claimed	MED: Yes/No =	%	Basis =	Group [] already held
EXPERIENCE TASK AREA	FULL HOURS	REDUCED HOURS	ACCE	EPTANCE OF EXP	PERIENCE
Ice protection/Oxygen Heating/Ventilation Fire Protection Emergency Equipment Furnishings	30 Hours		Name:Signature:	_	n:
Transmission Systems	30 Hours		Name:		on:
Electrical Systems	25 hours		Name:		on:
Instrument Systems	25 Hours		Name:	C	on:

	TASK AREA: Scheduled Maintenance			1	Verification	
Aircraft Type & Registration or Workcard No.	Type of Inspection Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Structures			,	Verification	
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Landing Gear			Verification			
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date	

P: Performed

O: Observed

TASK AREA: F 2 may be of the fla 3 – A minimum of	,	Verification				
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

TASK AREA: Fuel Systems			Verification			
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

TASK AREA: Ice Protection/Oxygen/Heating/Ventilation/Fire Protection/ Emergency Equipment/Furnishings			Verification			
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

P: Performed

O: Observed

	TASK AREA: Transmission System			Verification			
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date	

P: Performed

O: Observed

TASK AREA: Electrical Systems			Verification			
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date
Experience in the	is Task Area may be cumulative with Electrical sys	tems experience clair	ned in the Eng	ine category Schedu	lle of Experience	

* P: Performed

O: Observed

TASK AREA: Instrum	ent Systems (To include a minimum of 4 Compass Calibrations)			Verification		
Aircraft Type & Registration or Workcard No.	Type of Work Carried Out	CODE*	Time Taken (hours)	Signature	Identification No.	Date

* P: Performed

O: Observed