

CASA Stamp:

1: Section B and C of this form MUST be completed by your employer. If you are self-employed, you must hold a Certificate of Approval granted under Regulation 30 of CARs 1988.

2: If you do NOT have an ARN, you MUST submit **Form 1162** (Aviation Reference Number (ANR) Application) with the appropriate identification with **this** application.

3: This form can be completed electronically and saved locally to your computer. Once the ARN has been entered into the first page, it will automatically update in the applicant ARN fields on subsequent pages. CASA recommends that applicants complete as much of the form electronically as possible.

4: Please ensure your application and the checklist are completed correctly and that all required supporting documentation is provided. Incomplete applications will not be accepted and may be returned to you for amendment. **Fields and sections marked with an * are mandatory.**

Applicant Details as per Birth Certificate / Passport:		Applicant ARN:*				
Title:*						
Family Name:*						
Given Names:*						
Date of Birth:*						

CONTACT DETAILS

You are required to notify of any changes to your personal contact information (refer to <u>CASR 11.70</u>), information on how to change your contact details is available on CASA website <u>https://www.casa.gov.au/services/standard-page/changing-your-details</u>. All correspondence, including permissions issued as a result of this application, will be sent by email or post to

your current contact details according to CASA's records.

Privacy Statement: Any personal information you provide to CASA is protected by the *Privacy Act 1988* (Cth). CASA can only collect, use and disclose that information in accordance with that Act. CASA will use the information collected in this form for purposes associated with performing its functions under the *Civil Aviation Act 1988*, the *Airspace Act 2007*, the *Aviation Transport Security Act 2004* or the regulations made under those Acts. For full details on how CASA collects, protects and uses personal information, please refer to CASA's Privacy Policy.

Application Type *

Please tick the appropriate box Initial Issue

Amendment to Scope

Section A: Application Details*

1. Maintenance Authority*

Aircraft Type:						
State scope of Authority requested -						



2: Experience and Training Details* (relevant to this application)

Supporting evidence must be attached

Section B: Employer Supporting Statement* Employer MUST complete this section of the form

You should provide details of

- the reasons why your company has a need for the Authority, and •
- steps your company is taking to gain/improve your companies appropriate Aircraft Engineer License coverage • and thereby, replace the need for this Authority. (if applicable)

Section C: Employer Endorsement* Employer MUST complete this section of the form

Name of Employer / Company		ARN	
Employer Phone Number	Employer Fax Number		
Name and Position of Recommending Person	Signature		Date / /



Section D: Applicant Checklist* Enter 'Y' or 'N' in applicable boxes.

I hold an Aviation Reference Number (ARN) or			
Application Form 1162 included			
I have attached supporting documentation of my experience and training (relevant to this application)			
Proof of identity attached (Initial Issue only) or			
Not applicable			
Application form signed and fully completed (including ARN entered on each page)			
Payment Authorisation is completed (cheque or money order attached, if applicable)			

Section E: Applicant Declaration*

I hereby certify that all statements in this application are true and correct in every particular and that I have read and understood all regulatory references included in this application and I do not suffer from any disability that is likely to affect my technical skill or judgement. I consent to CASA using and disclosing my personal information in accordance with CASA's privacy policy including exchanging the information with Commonwealth, State and Territory government agencies (see <u>CASA Privacy Policy</u>). I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false or misleading statement is an offence against the *Criminal Code Act 1995* (Cth).

Signature:

Date: ____/ ____/



Payment Authorisation

Application Fees*

Fee Code Description		Total	
2.13	Initial Issue or Amendment of a Maintenance Authority	\$130 (HR)	\$ 130
		Total Cost:	\$

Payment Options *

 I have enclosed a Cheque or Australian Money Order (please make cheques payable to CASA) I am paying by credit card (provide details below) 					
I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my: MasterCard Visa					
Card Number:		Expiry Date:/			
Card Holder Name (please print):		Total: \$			
Signature:		Date:///			
Receipt Options * Send receipt to: Applicant OR Third party (provide details below) Details of Third Party					
Individual's or Organisation's Full Name:					
Email:					
Postal Address:					
State:	Postcode:	Country:			
Contact Phone:		ARN: (if applicable)			

Submit the Payment Authorisation Form (and Cheque / Money Order / Purchase Order) with the Application Form.

• Email <u>ame.licensing@casa.gov.au</u>

•	Mail to:	CASA Licensing and Registration Centre	Paid Stamp
		CASA	
		GPO Box 2005	
		CANBERRA ACT 2601	
•	Fax to:	1300 737 187	

Receipt No:

Initial: