



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

Note: Section 6 of this form MUST be completed by your Employer.

Please tick the appropriate box Initial Issue Additional Method(s)

1. Personal and Contact Details

Title	Surname	Given names	
ARN	Date of Birth ____ / ____ / ____	Nationality	
Current Residential Address		Current Postal Address (if different to Residential Address)	
Postcode:		Postcode:	
Work Phone Number	Home Phone Number	Mobile Phone Number	
Fax number	Email Address		

2. NDT Method Requested (Tick the applicable boxes)

<input type="checkbox"/> Radiographic	<input type="checkbox"/> Eddy Current	<input type="checkbox"/> Magnetic particle
<input type="checkbox"/> Dye Penetrant	<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> Other
Specify: _____		

3. Summary of Work Experience (Attach a separate page if necessary. Supporting evidence of Employment, Qualifications (eg. AINDT) and Training must be attached)

NDT Method Eg. Ultrasonic)	Nature of Employment, Qualifications or Training	Period	
		From	To
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
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		/ /	/ /



4. Visual Acuity

Please include with your application, a copy of your most recent visual acuity test conducted within the last 12 months. The visual acuity test results should reflect the standard in Section 6 of Australian Standard – AS 3669-2006. (as per the attached example, page 3).

Extract: *Near vision – Jaeger No.1 or equivalent, at a distance of not less than 30cm in at least one eye natural or corrected* or near-vision acuity shall permit reading of Times Roman N4.5 or equivalent letters (Times New Roman of 4.5 points vertical height where 1 point = 1/72 in or 0.3528 mm) at not less than 30 cm with one or both eyes, either corrected or uncorrected.*

** For Ultrasonic and Eddy Current methods, this requirement may be relaxed to Jaeger No.2 or equivalent, provided it is approved and documented by the responsible Level 3.*

5. Declaration by Applicant

I hereby certify that all statements in this application are true and correct in every particular and that I have read and understood all Civil Aviation Regulation requirements relevant to this application and I do not suffer from any disability that is likely to affect my technical skill or judgement. I acknowledge that to knowingly make a false statement is an offence against the *Criminal code Act 1995*.

I have attached the following documentation which I declare to be true and correct:

- Supporting documentation for my Employment, Qualifications and Training
- Visual acuity test results, as per Certificate (Section 4. Visual Acuity)
- Proof of age, identity and nationality (Initial Issue only)

Signature: _____	Date: ____ / ____ / ____
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6. Employer Endorsement (Employer MUST complete this section of the form)

Name of Employer / Company		ARN
Employer Phone Number	Employer Fax Number	
Reason for Authority (attach separate page if necessary)		
Name and Position of Recommending Person	Signature	Date ____ / ____ / ____



Example of Visual Acuity Certificate

Dr [Initial] [Name] – Optometrists
[Address]
[Suburb/Town State Postcode]

Date

To whom it may concern

Re: Mr [Applicant Name]
[Applicant Address]

This letter is to certify that Mr [Applicant Name] has attended this practice for an optometric consultation today.

He is able to read a Jaeger No.1 or equivalent chart, at a distance of no less than 30cm in at least one eye natural or corrected (strike out what does not pertain).

These requirements satisfy AS3669 visual acuity testing.

Yours sincerely,

[Initials] [Name] - Optometrists



CASA Use Only

Proof of Age / ID / Nationality Satisfactory: Yes No Folio/Reference: _____

Training and Experience Satisfactory: Yes No Folio/Reference: _____

Examination Results

Written Paper	Result	Date	Comment (or Folio / Reference)
		___/___/___	
		___/___/___	
		___/___/___	
Signature		Name	Position

Practical Test	Result	Date	Comment
		___/___/___	
		___/___/___	
		___/___/___	
Signature		Name	Position

Visual Acuity Test Date : ___/___/___	Name of Person Conducting Test	Result of Test Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Comment (eg. Corrective spectacles required)		

Methods and Limitations of Authority

Attach a separate page detailing methods and limitations. If application is for an additional method, attach all methods and limitations (refer to examples on page 5).

Comments on Application (attach a separate page if necessary)

If not approved, attach Rejection Letter



Approval

Please tick the appropriate box: Authority Approved?	<input type="checkbox"/> Initial Issue	<input type="checkbox"/> Amendment
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Initial Issue Date: ____ / ____ / ____	Expiry Date: ____ / ____ / ____
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Approving Delegate

Name:	Signature:	Date:
ARN:		____ / ____ / ____

Important: If Authority is not approved, **do not sign** and refer to the AME Licensing Procedures Manual.

Example of Methods and Limitations

CASA NDT Authority

Method: Eddy Current
Limitations: NIL

Method: Dye Penetrant
Limitations: NIL

Method: Ultrasonic
Limitations: NIL

Other conditions/Remarks:

This authority is only valid whilst the holder remains in the employ of
Corrective lenses must be worn whilst carry out NDT procedures.



Payment Authorisation

Applicant Details

Name:		ARN:	
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Licence Fees

Note: When an hourly rate is revealed to be over/under estimated, the applicant will be invoiced or rebated the fee difference

Fee Code	Description	Total
<input type="checkbox"/> 2.13	Initial Issue of a Non destructive Testing Authority \$ 130 (HR)	\$ 130
Total Estimated Cost:		\$ _____

Details of Person Making Payment (if not the Applicant)

The receipt will be sent to the applicant's current postal address unless CASA is advised otherwise.

Name:		Contact Phone:	
Company Name:		ARN:	
Current Postal Address		State:	Postcode:

Payment Options

- I have enclosed a Cheque or Australian Money Order (**please make cheques payable to CASA**)
- I am paying by credit card

I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>	
Card Number:	Expiry Date: ____/____
Card Holder Name (please print):	Total: \$ _____
Signature:	Date: ____ / ____ / ____

- My Company holds a line of credit with CASA, please charge the authorised amount to the following account:

Account Name:

Account ARN:

Account Number:

Name and signature of person authorised to sign on behalf of the Company

Name: **Signature:** **Date:**

Position Title:



Payment Options, continued

Please invoice my Company

Note: A Payment Order **MUST** accompany the application. The job will not commence until the invoice has been paid.

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- Attach this Payment Authorisation Form (and Cheque / Money Order / Purchase Order) to the Application Form.
 - **Mail to:** Maintenance Personnel Licensing
CASA
GPO Box 2005
CANBERRA ACT 2601
 - **Fax to:** 02 6217 1401

CASA Use Only

Receipt Details:	Date Payment Received: ____ / ____ / 20____	Receipt Number:	Initials:
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Paid Stamp