



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

Please tick the appropriate box:  Initial Issue  Amendment(s) to Scope

**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		
Employer (if applicable)	Position Held with Employer		

**2. Experience and Training Details (relevant to this application)** (Supporting evidence must be attached)


**3. Technical and Education Qualifications** (Attach separate sheet if necessary and supporting evidence must be attached)

Include details of any technical qualifications held and date acquired



**4. 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 Experience /Employment
- Supporting documentation for my Technical and Education Qualifications
- Proof of age, identity and nationality (Initial Issue only)

Signature: _____	Date: ____ / ____ / ____
------------------	--------------------------

**CASA Use Only**

Training Satisfactory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Folio/Reference: _____
Qualifications Satisfactory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Folio/Reference: _____
Proof of Age / ID / Nationality Satisfactory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Folio/Reference: _____

**Scope and Conditions of Authority**

including any limitations (Please Print Clearly or attach a separate page if necessary)

**Comments on Application** (attach a separate page if necessary)

If not approved, attach Rejection Letter

**Approval**

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

Initial Issue Date: ____ / ____ / ____	Expiry Date: ____ / ____ / ____
--	---------------------------------

**Approving Delegate**

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

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



**Payment Authorisation**

**Applicant Details**

Name:		ARN:	
-------	--	------	--

**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 or Amendment of a Weight Control Authority \$ 130 (HR)	\$ 130
<b>Total Estimated Cost:</b>		\$ _____

**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: <b>Mastercard</b> <input type="checkbox"/> <b>Visa</b> <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.

- 
- 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**

<b>Receipt Details:</b>	Date Payment Received: ____ / ____ / 20____	Receipt Number:	Initials:
-------------------------	---	-----------------	-----------

**Paid Stamp**