



CASA Stamp:

IMPORTANT INFORMATION FOR APPLICANTS

- 1: This application will be assessed in accordance with the Trans-Tasman Mutual Recognition Act (TTMRA) 1997, with the subsequent issue of Aircraft Type Ratings onto your CASR Part 66 Licence, if all requirements are met.
- 2: This application can only be used by individuals holding a valid New Zealand licence.
- 3: If you do not have an ARN, you must submit **Form 1162** (Aviation Reference Number (ARN) Application) including appropriate identification with **this** application. This will fulfil the mandatory requirement for an ARN.
- 4: Payment for this application can be made online. Go to the CASA webpage and click the Payment button. You must attach a copy of the receipt with this application.
- 5: 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.
- 6: 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:

Title:* _____

Family Name:* _____

Given Names:* _____

Date of Birth:* _____

Applicant ARN:*

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CONTACT DETAILS

Note: You are required to notify CASA of any changes to your personal contact information (refer to CASR 11.070). Correspondence, including permissions issued as a result of this application, will be sent by post to the current postal address according to CASA's records.

Have you updated your personal and contact details with CASA?

You should notify CASA of any changes using one of the following methods:

- Log onto the CASA Self Service Portal <https://portal.casa.gov.au/selfservice/>
- Submit Online Change of Details form <https://portal.casa.gov.au/casaforms/addrchange.htm>

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](#).

Section A: Application Details *

1. Type of Application Mechanical Avionics

2. Employer Details

Employer's Name	Employer's Address
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3. Medically Significant Conditions

Note: In accordance with CASR Part 11, if you have previously supplied documentation, you are not required to submit it again.

Do you have a medically significant condition (as described in CASR 67.010) that is safety-relevant?

- Yes – Please attach a report from a medical practitioner that describes the condition.
- Yes – I have previously submitted documentation to CASA MPL and received acknowledgement of receipt by CASA. Date submitted: ___ / ___ / ___
- No

4. AA Examination *

Note: You must have passed the Airworthiness Administration (AA) Examination within the previous 24 months of the date of this application. CASA will verify your AA Examination pass with its own records.

Have you passed the AA Examination

- Yes Date: ____ / ____ / ____
- No – Your application will be refused

5. NZ Aircraft Maintenance Engineer Details *

NZ Licence Number	Initial Issue Date ____ / ____ / ____
Are there any conditions attached to the NZ AME Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach details.	
Are you applying for a rating to which NZ CAA Reg 145 applies – (Air Transport more than 9 seats and MTOW greater than 5700 kg?) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, supply a valid Company Authorisation.	

6. Verification from NZ National Airworthiness Authority (NZ NAA) *

Note: It is a regulatory requirement that licences/authorisations be verified with the NAA departments to ensure qualifications were not cancelled or revoked. The applicable issuing body may charge certain fees for processing these requests. Please enquire and pay and applicable fees prior to submitting this application.

Have you requested verification from the NZ NAA who issued your NZ licence? (NAA email notifications will only be accepted directly from the NZ CAA, do not request the supply of a NZ CAA letter)

- Yes
- No – Application may be refused.

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

	I hold an Aviation Reference Number (ARN) OR Application Form 1162 and appropriate ID attached
	My NZ licence has NOT expired
	Photo ID (certified true copy) attached
	Copy of NZ AME License (certified true copy) attached, in accordance with Part 3, Division 2, Section 18(4) and (5)
	Copy of current NZ Company Authorisation(s) (certified true copy) attached OR Not applicable
	Report from medical practitioner detailing all medically significant conditions attached OR Not applicable
	Completed statutory declaration attached, in accordance with Part 3, Division 2, Section 18(4) and (5)
	Payment made online and receipt attached OR Payment Authorisation is completed (cheque or money order attached, if applicable)
	All sections of the form are completed and I have signed the application declaration

Section C: 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. 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 [CASA's Privacy Policy](#)). I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false statement is an offence against the *Criminal Code Act 1995* (Cth).

Signature: _____

Date: ____ / ____ / ____

Application for CASR Part 66 Licence Initial Issue under the Terms of the TTMRA

ARN:

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Payment Authorisation

Payment made online *Attach printed receipt and do not complete remainder of this page.*

Applicant Details *

Surname:		Given Names:	
Mobile:*		Email:*	

* These details will be used to follow-up payment issues only. These details will NOT be updated in CASA's database.

Licence Fees *

Fee Code	Description	Cost
<input type="checkbox"/> 2.32	Initial application and assessment of current NZ Licence (Categories and type ratings within the Categories), based on TTMRA.	\$ 390.00
Total 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.

Individual's or Organisation's Full Name:		
Email:		
Postal Address:		
State:	Postcode:	Country:
Contact Phone:	ARN: (if applicable)	

Payment Options *

- I have enclosed a Cheque or Australian Money Order **(please make cheques payable to CASA)**
- I am paying by credit card – please ensure you complete ALL details below including the card holder name and the total amount

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:	<table border="1" style="display: inline-table; width: 100%;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>											Expiry Date:	____/____
Card Holder Name (please print):	Total:	\$ _____										
Signature:	Date:	____/____/____										

My Company holds a line of credit with CASA – please enclose a purchase order

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

- **Email to:** Ame.Licensing@casa.gov.au
- **Mail to:** CASA Licensing and Registration Centre
CASA, GPO Box 2005
CANBERRA ACT 2601
- **Fax to:** 1300 737 187

Paid Stamp

Receipt No:		Initial:	

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Commonwealth of Australia STATUTORY DECLARATION
Statutory Declarations Act 1959

1 *Insert the name, address and occupation of person making the declaration*

1

I,

make the following declaration under the *Statutory Declarations Act 1959*:

2 *Set out matter declared to in numbered paragraphs*

2

1. I am currently registered to practise as a LAME with the NZ CAA.
2. I confirm that my NZ AME licence has not been cancelled or suspended due to disciplinary action, and that I am not currently subject to any disciplinary action or in any other way prohibited or restricted from practising as a LAME.
3. I certify that the enclosed NZ AME licence is the original or a complete and accurate copy of my original NZ AME licence.
4. I give my consent to CASA to make enquiries and exchange information with the NZ CAA or other civil aviation authorities regarding my existing NZ AME licence.
5. I have passed the Airworthiness Administration (AA) examination within the previous 24 months of the date of this application.
6. The documents listed below are true and unaltered copies of the originals.
7. The following documents are attached to my application:

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

3

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4 *Place*

5 *Day*

6 *Month and year*

Declared at ⁴ _____ on ⁵ _____ of ⁶ _____

Before me,

7 *Signature of person before whom the declaration is made (see over)*

7

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8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

8

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

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A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
Bailliff
Bank officer with 5 or more continuous years of service
Building society officer with 5 or more years of continuous service
Chief executive officer of a Commonwealth court
Clerk of a court
Commissioner for Affidavits
Commissioner for Declarations
Credit union officer with 5 or more years of continuous service
Employee of the Australian Trade Commission who is:
(a) in a country or place outside Australia; and
(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
(c) exercising his or her function in that place
Employee of the Commonwealth who is:
(a) in a country or place outside Australia; and
(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
(c) exercising his or her function in that place
Fellow of the National Tax Accountants' Association
Finance company officer with 5 or more years of continuous service
Holder of a statutory office not specified in another item in this list
Judge of a court
Justice of the Peace
Magistrate
Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
Master of a court
Member of Chartered Secretaries Australia
Member of Engineers Australia, other than at the grade of student
Member of the Association of Taxation and Management Accountants
Member of the Australasian Institute of Mining and Metallurgy
Member of the Australian Defence Force who is:
(a) an officer; or
(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
(c) a warrant officer within the meaning of that Act
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
Member of:
(a) the Parliament of the Commonwealth; or
(b) the Parliament of a State; or
(c) a Territory legislature; or
(d) a local government authority of a State or Territory
Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
Notary public
Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
Permanent employee of:
(a) the Commonwealth or a Commonwealth authority; or
(b) a State or Territory or a State or Territory authority; or
(c) a local government authority;
with 5 or more years of continuous service who is not specified in another item in this list
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
Police officer
Registrar, or Deputy Registrar, of a court
Senior Executive Service employee of:
(a) the Commonwealth or a Commonwealth authority; or
(b) a State or Territory or a State or Territory authority
Sheriff
Sheriff's officer
Teacher employed on a full-time basis at a school or tertiary education institution.