

Civil Aviation SafetyAuthority

CASA Stamp:		
IMPORTANT INFORMATION FOR	APPLICANTS	
		ns-Tasman Mutual Recognition Act gs onto your CASR Part 66 Licence, if
2: This application can only be used	by individuals holding a valid No	ew Zealand licence.
		n Reference Number (ARN) Application) I the mandatory requirement for an ARN.
You must attach a copy of the receip	t with this application.	webpage and click the Payment button.
<b>5:</b> This form can be completed electric entered into the first page, it will auto CASA recommends that applicants c	matically update in the applicant	
6: Please ensure your application ar documentation is provided. Incomple amendment. Fields and sections m	te applications will not be accep	
Applicant Details as per Birth Cert	ificate / Passport:	Applicant ARN:*
Title:*		
Family Name:*		
Given Names:*		
Date of Birth:*		
CONTACT DETAILS		
You are required to notify of any char information on how to change your co		
https://www.casa.gov.au/services/sta	indard-page/changing-your-deta	<u>iils</u> .
All correspondence, including permis to your current contact details accord		application, will be sent by email or post
only collect, use and disclose that informati for purposes associated with performing its	on in accordance with that Act. CAS functions under the <i>Civil Aviation A</i>	ed by the <i>Privacy Act 1988</i> (Cth). CASA can SA will use the information collected in this form <i>Act 1988</i> , the <i>Airspace Act 2007</i> , the <i>Aviation</i>
uses personal information, please refer to (		II details on how CASA collects, protects and
Section A: Application Details	\$ *	
1. Type of Application	Mechanical	Avionics
2. Employer Details		
Employer's Name	Employer's Address	

## 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	0
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## 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?	? 🗌 Yes 🗌 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	Yes No	
greater than 5700 kg?)	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.

## 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 <b>OR</b>
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 <u>CASA's Privacy Policy</u>). 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: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_

ARN:	

## **Payment Authorisation**

## **Application Fees\***

Fee Code	Description		Total	
2.32	Initial application and assessment of current NZ Licence (Categories and type ratings within the Categories), based on TTMRA		\$ 390	
		Total Cost:	\$	
Payment Option	ons *			
Payment made online Receipt No: (CASA pro		ferred option)		
	Attach printed receipt and do not complete remainder of the	nis page		
I have	enclosed a Cheque or Australian Money Order (please make cheo	ques payable to	CASA)	
🗌 I am pa	aying by credit card (provide details below)			

I hereby authorise the Civil Aviation Safety Authority to debit the following amount fro	om my: MasterCard Visa
Card Number:	Expiry Date:/
Card Holder Name (please print):	Total: \$
Signature:	Date:///

## **Receipt Options \***

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>

Applicant OR

•	Mail to:	CASA Licensing and Registration Centre		Paid Stamp		
		CASA				
		GPO Box 2005				
		CANBERRA ACT 2601				
• Fax to:		1300 737 187				
•	ι αλ ίθ.	1500 / 57 167	Receipt No:		Initial:	

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

ARN:								
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# **Commonwealth of Australia STATUTORY DECLARATION** Statutory Declarations Act 1959

7	Insert the
	name, address
	and occupation
	of person
	making the
	declaration

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١,

make the following declaration under the Statutory Declarations Act 1959:

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

- 3 Signature of person making the declaration
- 4 Place
- 5 Day
- 6 Month and year
- 7 Signature of person before whom the declaration is made (see over)
- 8 Full name, qualification and address of person before whom the declaration is made (in printed letters)

Declared at <sup>4</sup> on <sup>5</sup> of <sup>6</sup>

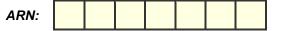
Before me.

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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.



#### 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:

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Chiropractor	Dentist
Medical practitioner	Nurse
Patent attorney	Pharmacist
Psychologist	Trade marks attorney

Legal practitioner Optometrist Physiotherapist 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)

Bailiff

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.