## Application for Initial Issue or Amendment of a Weight Control Authority Refer to: CAOs 100.23 and 100.28

CASA Stamp:								
IMPORTANT INFORMATION FOR	APPLICANTS							
1: If you do not have an ARN, you mincluding appropriate identification wi		n Refe	erence	Numb	er (Al	RN) A	pplica	tion)
2: This form can be completed electr	onically and saved locally to y							
entered into the first page, it will auto CASA recommends that applicants c							ages.	
3: Please ensure your application an documentation is provided. Incomple amendment. Fields and sections m	te applications will not be acc	epted a						
Applicant details as per Birth Certi	ificate / Passport:			Appli	cant /	ARN:*	,	
Title:*								
Family Name:*								
Given Names:*  Date of Birth:*								
CONTACT DETAILS  You are required to notify of any char	nges to your personal contact	inform	ation (r	ofor to	n CAS	R 11	70)	
information on how to change your co	ontact details is available on C	CASA v			J <u>OAC</u>	<u> </u>	<u>70</u> ),	
https://www.casa.gov.au/services/sta			cation,	will be	sent	bv en	nail or	post
to your current contact details accord								<u>'</u>
<b>Privacy Statement:</b> Any personal informationly collect, use and disclose that information for purposes associated with perform <i>Aviation Transport Security Act 2004</i> or the protects and uses personal information, please.	tion in accordance with that Act. ( ing its functions under the <i>Civil A</i> e regulations made under those A	CASA w viation i Acts. Fo	ill use th Act 198	he info 8, the <i>i</i>	rmatio A <i>irspa</i>	n colle ce Act	cted in 2007,	this the
Application Type*								
Please tick the appropriate box Ini	itial Issue Amend	ment to	Scope	Э				
Destina A. Annilana Detellar								
Section A: Applicant Details*  I. Training Details Refer to CAO 100.	.28, Schedule 1, para 1.1.a. §	Suppor	ting evi	dence	must	be at	tache	d.

Application for Initial Issue or Amendment of a Weight Control Authority	ARN:
2. Recent practical Experience of WCA Duties Refer CA evidence must be attached.	AO 100.28, Schedule 1, para 1.1.b. Supporting
3. CASA Examinations Results Refer CAO 100.28, Scheattached.	nedule 1, para 1.1.c. Supporting evidence must be
Section B: Applicant Checklist* Enter Y or N in	into applicable boxes.
I hold an Aviation Reference Number (ARN) <b>or</b> Application Form 1162 included	
I have attached supporting documentation for We	eight Control training
I have attached supporting documentation for We	eight Control experience
I have attached evidence of exams	
Proof of identity attached (Initial issue only) or  Not applicable	
Application form signed and fully completed (inclu	uding ARN entered on each page)
Payment Authorisation is completed (cheque or m	money order attached, if applicable)
Castian C. Declaration by Applicant*	
Section C: Declaration by Applicant*  I hereby certify that all statements in this application are true and understood all regulatory references included in this applikely to affect my technical skill or judgement. I consent to C in accordance with CASA's privacy policy including exchange Territory government agencies (see <a href="#">CASA Privacy Policy</a> ). In the applicant checklist and acknowledge that to knowingly against the <i>Criminal Code Act 1995</i> (Cth).	plication and I do not suffer from any disability that CASA using and disclosing my personal information ging the information with Commonwealth, State and I have attached all required documentation specified
Signature:	/ Date://

Application for Initial Issue or	Amendment of a
Weight Control Authority	

ARN:	
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## **Payment Authorisation**

## **Application Fees\***

		Desc	ription			Total
2.13	Initial Issue or consideration	Amendment of a Weight Cor	ntrol Authority	processing ar	nd \$ 130 (HR)	\$ 130
		hourly rate is revealed to be ove or rebated the fee difference.	er/under estimate	ed, the applicant	Total Cost:	\$
Payment Opt	ions *			·		
☐ I have	e enclosed a Che	eque or Australian Money	Order <b>(pleas</b>	e make ched	ques payable to	casa)
		card (provide details belo				•
I hereby author	ise the Civil Aviation	on Safety Authority to debit th	ne following am	ount from my:	MasterCard	☐ Visa ☐
Card Number:					Expiry Date:	/
Card Holder Na	ame (please print):				Total:	\$
Signature:				Date:	/	_/
	Applicant OR	I hird party (pro	vide details be	low)		
			vide details be	low)		
	ird Party		vide details be	low)		
Individual's <b>or</b> (	ird Party Organisation's Full		vide details be	low)		
Individual's <b>or</b> (  Email:	ird Party Organisation's Full		vide details be	low)		
Individual's <b>or</b> (  Email:	ird Party Organisation's Full		vide details be	Country:		
Individual's <b>or</b> (  Email:  Postal Address	ird Party  Organisation's Full	Name:	vide details be		cable)	
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