



CASA Stamp:

**IMPORTANT INFORMATION FOR APPLICANTS**

- 1: Complete a separate form for EACH Maintenance Authority renewal.
- 2: Section C and D of this form MUST be completed by your Employer. If you are self-employed, you must hold a Certificate of Approval granted under Regulation 30 of CARs 1988.
- 3: For amendments to the Scope of the Maintenance Authority, you must submit Form 350 – Initial Issue or Amendment to Scope of a Maintenance Authority.
- 4: 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.
- 5: 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**

You are required to notify of any changes to your personal contact information (refer to [CASR 11.70](#)), information on how to change your contact details is available on CASA website <https://www.casa.gov.au/services/standard-page/changing-your-details>. All correspondence, including permissions issued as a result of this application, will be sent by email or post to your current contact details according to CASA's records.

**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: Authority Expiry Date\*:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section B: Applicant Supporting Statements\*** If insufficient space, attach a separate page

You should provide details of exercising the privileges of the Authority and the progress you have made towards gaining the appropriate Aircraft Engineer License category and/or type license to replace the need for this Authority.

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**Section C: Employer Supporting Statement\*** Employer MUST complete this section of the form

You should provide details of

- the ongoing reasons why your company has a need for the Authority, and
- steps your company is taking to gain/improve your companies appropriate Aircraft Engineer License coverage and thereby, replace the need for this Authority. (if applicable)

**Section D: Employer Endorsement\*** Employer MUST complete this section of the form

Name of Employer / Company		ARN	
Employer Phone Number		Employer Fax Number	
Name and Position of Recommending Person		Signature	Date ____ / ____ / ____

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

	Application form signed and fully completed (including ARN entered on each page)
	Payment Authorisation is completed (cheque or money order attached, if applicable)

**Section F: 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 and I do not suffer from any disability that is likely to affect my technical skill or judgement. 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).

In the past 24 months I have used my Authority and I can produce evidence of proficiency in the work for which the Authority was granted, if requested by CASA.

Signature:	Date: ____ / ____ / ____
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**Payment Authorisation**

**Application Fees\***

Fee Code	Description	Total
<input type="checkbox"/> 2.13	Renewal of a Maintenance Authority – processing and consideration of application \$130(HR)	\$ 130
<b>Total Cost:</b>		\$ _____

**Payment Options \***

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

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

**Receipt Options \***

Send receipt to:

- Applicant OR  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:** [ame.licensing@casa.gov.au](mailto:ame.licensing@casa.gov.au)
- **Mail to:** CASA Licensing and Registration Centre  
CASA  
GPO Box 2005  
CANBERRA ACT 2601
- **Fax to:** 1300 737 187

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Receipt No:		Initial:	
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