



# Release Aircraft Engineer Licensing Information to a Third party

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### Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to [ame.licensing@casa.gov.au](mailto:ame.licensing@casa.gov.au).

## Purpose of this form

Use this form to authorise CASA to release Aircraft Engineer licensing information to a third party. This information may include:

- Your Australian CASR Part 66 Licence details (including ratings)
- Your Aviation Reference Number (ARN)
- Details of any suspensions/cancellations of your CASR Part 66 Licence and any actions brought against you by CASA
- History of AME qualifications including AME Licence qualifications, exam results, as required.

## Who is this form for?

This form is for holders of CASR Part 66 Licences and personnel with AME licensing qualifications.

## Information needed to complete this form

You must provide your details as well as the contact details of each organisation to which you are giving CASA authorisation to release your information.

## Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

## Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by [changing your details](#) on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

## For more information

Go to the [CASA website](#) or [contact us](#).

## Authoriser

### 1 What are the **authoriser** details?

Your contact details must be current. Update your contact details via [changing your details](#).

Full name

ARN

Phone number

Email address

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## Third party contact One

### 2 What are the **contact person** details?

Legal entity

Full name

Phone number

Email address

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## Third party contact two

### 3 What are the **contact person** details?

Legal entity

Full name

Phone number

Email address

*This area has been intentionally left blank*

#### 4 I authorise:

- The Civil Aviation Safety Authority (CASA) to release copies of the following documents that are held by CASA to the nominated third parties:
  - Australian CASR Part 66 Licence (including ratings)
  - Aviation Reference Number (ARN)
  - Details of any suspensions / cancellations of my CASR Part 66 Licence and any actions brought against me by CASA
  - History of AME qualifications including AME Licence qualifications and exam results, as required

#### I declare:

- All statements in this authorisation are true and correct.
- I acknowledge by providing my details below and submitting this authorisation:
- This satisfies the requirement for me to sign this authorisation.
  - I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my authorisation.
  - We may also use your licensing information in deidentified form for aviation safety research/analysis.

#### Privacy

Any personal information you provide to CASA, as part of this authorisation, is protected by the *Privacy Act 1988*.

We will use the information provided to process this authorisation and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your authorisation.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our [privacy statement](#) and [privacy policy](#).

I accept if this authorisation is withdrawn or refused by CASA, or if CASA is unable to assess this authorisation because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this authorisation in accordance with that policy.

Full name

Date (DD/MM/YYYY)

/ /

### Submitting this form to CASA

#### OPTION 1 By email



Send this form with all supporting documents attached to [ame.licensing@casa.gov.au](mailto:ame.licensing@casa.gov.au)

#### OPTION 2 By post



Return this form and all supporting documents to:

**CASA Client Services Centre**  
**GPO Box 2005**  
**Canberra ACT 2601**