



Application AME Licence Reports/Reprints

Payment authorisation



Download this form before you begin

Please download and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information. Send this form and any attachments to ame.licensing@casa.gov.au.

Purpose of this form

Use this form to apply and pay for an AME Licence Report or reprint.

Information needed to complete this form

If you require CASA to release your information to a third party, you must also complete Form 846.

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](#).

Applicant

1 What are the **applicant** details?

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

Full name

ARN

Phone number

Email address

Declaration

2 I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

- This satisfies the requirement for me to sign this application.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- 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 application, is protected by the *Privacy Act 1988*.

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

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](#).

Declaration continued

Fees

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application 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 application in accordance with that policy.

Full name

Date (DD/MM/YYYY)

/ /



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ARN

3 Application fees

Confirmation Report (AME Qualifications)

Fee Code: 24.5.....\$25

Pre-Requisite Report (Examination History) - All Results

Fee Code: 24.4.....\$25

Pre-Requisite Report (Examination History) - Passed Results

Fee Code: 24.4.....\$25

Verification Letter

Fee Code: 24.8.....\$50

Re-Issue of a CASR Part 66 Licence - (lost, damaged, stolen)

Fee Code: 2.41.....\$25

Re-Issue of a CASR Part 66 Licence Authority - specify which authority is to be reissued

Fee Code: 2.41.....\$25

Total:

4 Payment options

OPTION 1 Online payment

Make a secure payment online >

Online payments are more secure and also enable CASA to process your request faster.

To make a payment go to [Secure payment gateway](#).

After making a payment, enter the online receipt number below.

Provide the online receipt number below;

OPTION 2 Credit card

I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from:

Mastercard

Visa

Total \$

Card number

Expiry (MM/YY)

/

Cardholder name

Signature

Date (DD/MM/YYYY)

/

/

Receipt options

Applicant

or

Third party (provide details below)

Details of third party

ARN (If applicable)

Email

Legal Entity/ Full name

Phone number

Submitting this form to CASA



By email – send this form with all supporting documents attached to ame.licensing@casa.gov.au



By post – return this form and all supporting documents to:

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