



**CASA Stamp:**

**IMPORTANT INFORMATION FOR APPLICANTS**

1: 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.

2: 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: Applicant Details\***

1. Authority Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. NDT Method and Level Required (Refer AS3669-2006) Tick applicable box

Include with your application a certification of proficiency for the method and level you request below. This certificate should include detail of experience, training received, examinations passed and practical assessment completed. This certification must be issued by a current NANDTB responsible Level 3 (Refer AS3669-2006 Section 6.1.2).

- |  |   |
|--|---|
| <input type="checkbox"/> Dye (Liquid) Penetrant (PT) Level 1 | <input type="checkbox"/> Ultrasonic (UT) Level 1  |
| <input type="checkbox"/> Dye (Liquid) Penetrant (PT) Level 2 | <input type="checkbox"/> Ultrasonic (UT) Level 2  |
| <input type="checkbox"/> Magnetic Particle (MT) Level 1      | <input type="checkbox"/> Radiography (RT) Level 1 |
| <input type="checkbox"/> Magnetic Particle (MT) Level 2      | <input type="checkbox"/> Radiography (RT) Level 2 |
| <input type="checkbox"/> Eddy Current (ET) Level 1           | <input type="checkbox"/> Other Method: _____      |
| <input type="checkbox"/> Eddy Current (ET) Level 2           |   |

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**3. Visual Acuity**

Include with your application, a copy of your most recent visual acuity test conducted within the last 12 months. The visual acuity test results should reflect the standards in Section 6 of Australian Standard – AS 3669-2006. This test must be conducted by an optometrist.

If a person does not have normal colour perception vision, a supplemental report supporting the application must be included with this application. This supplemental report must be made by a current NANDTB responsible Level 3 (Refer AS3669-2006).

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

	I have attached Visual Acuity certificate
	Certificate of Proficiency, from NANDTB responsible Level 3 individual, against AS3669-2006 attached
	Application form signed and fully completed (including ARN entered on each page)
	Payment Authorisation is completed (cheque or money order attached, if applicable)

**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 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 or misleading statement is an offence against the *Criminal Code Act 1995* (Cth).

In the past 24 months I have used my Authority and I have attached evidence of proficiency in the work for which the Authority was granted.

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

**Application Fees\***

Fee Code	Description	Total
<input type="checkbox"/> 2.13	Application for renewal of a non-destructive testing authority	\$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:    **MasterCard**     **Visa**

Card Number:    

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    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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