



Alternate Means of Compliance/ exclusion from Airworthiness Directive or exclusion from Part 90 provision

CASR Part 39 and CASR Part 90

 This form replaces forms 953 and 955

Purpose of this form

Use this form to apply for an Alternate Means of Compliance (AMOC) or an exclusion from an Airworthiness Directive (AD) or a provision of CASR Part 90.

Who is this form for?

This form is for an organisation or an individual who own, operate or maintain an aircraft.

Information needed to complete this form

You will need to provide a justification on how you intend to address the unsafe condition identified in the AD/Part 90 provision.

A No Technical Objection (NTO) letter from the aircraft manufacturer/ State of design National Airworthiness Authority (NAA) will assist with any application.



We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly

Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➔ Go to' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✗
- if you see '➔ Go to' go to the question number shown, you do not need to answer the questions in between

Contact details

CASA will use the currently held contact details linked to your ARN profile.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

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.

Privacy

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 civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Policy](#).

For more information

Go to the [CASA website](#) or call us on 131 757.

Applicant

1 What are the **applicant** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Legal entity/full name

ARN

Contact number

Email address

2 Are you the **primary contact person** for this application?

No

Yes

Contact person

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

Contact details will be used for this application only, including any questions and/or fee estimates.

Full name

Position (Agent, Secretary)

Contact number

Email address

4 What are you **applying** for (select one)?

AMOC/exclusion from an AD
CASR Part 39

Exclusion from a provision
of CASR Part 90

5 What AD does this apply to?

6 What CASR Part 90 provision does this apply to?

7 Is this application for an aircraft or aeronautical product?

Aircraft

Aeronautical Product

Aircraft details

8 What are the **aircraft registration** details?

Registration mark (VH-)

Manufacturer

Model

Serial number

 **Attach additional pages if required**

Aeronautical product details

9 What are the Aeronautical Product details?

Name

Manufacturer

Type/model

Serial number

10 What is the reason for this application?

Provide justification and attach supporting documents if required.

11 Has the type certificate holder provided a technical justification for this alternate method?

No

Yes Attach a copy

 **Attach a copy if required**

Declaration

12 I declare that:

- All statements in this application are true and correct in every particular and that I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this application.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Director, Agent

Returning your form



By email – attach this form and all supporting documents. Send them to your [CASA regional office](#).