



CASA Stamp:

**IMPORTANT INFORMATION FOR APPLICANTS**

1: This form must be completed by the applicant for the aircraft welding authority and submitted to CASA PRIOR to undertaking the weld examination for an initial issue or a variation to an existing authority. The applicant must nominate a weld test examiner in Section A5 of this form.

2: Supporting evidence of successfully completed welding training in the type of manual welding **on the parent metal group** to which the application relates must be attached for initial or changed metal group applications. Applications will be refused when parent metal group theory and practical training evidence is not provided.

3: Where CASA Inspectors act as Weld Test Examiner additional fees and charges apply per Civil Aviation (fees) Regulations 1995 Section 2.17. An estimate for such applicable fees and charges MUST be obtained prior to the provision of CASA services.

4: After the completion of the welding examination, the examiner must enter the results of the weld test in Section A of this form, complete Section D and submit the form to CASA together with the original Form 353 (Weld Test Sheet) and the laboratory result sheet for the weld. CASA will then assess the results and issue an aircraft welding authority where the applicant has qualified.

5: If you do not have an ARN, you must submit **Form 1162** (Aviation Reference Number (ARN) Application) including appropriate identification with **this** application.

6: 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.

7: 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.**

<p><b>Applicant details as per Birth Certificate / Passport:</b></p> <p>Title:* _____</p> <p>Family Name:* _____</p> <p>Given Names:* _____</p> <p>Date of Birth:* _____</p>	<p><b>Applicant ARN:*</b></p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

**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](#).

**Application Type\***

Please tick the appropriate box

Initial Issue      Applicant to complete sections A, B and C of this form

Variation            Applicant to complete sections A, B and C of this form

Renewal                Applicant to complete sections A2, A5, B and C of this form

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Section A: Applicant Details\***

**1. Details of Authority** (Initial Issue or Variation ONLY)

Type of Manual Welding	Parent Metal Group	Conditions (Description)	Weld Identity Number♦	Result♦

♦ Weld Identity Number and Results to be entered by the person conducting the aircraft welding examinations.

**2. Particulars of Experience / Employment on Welding During the Past 24 Months** (Supporting evidence must be attached)

Name and Address of Employer	Welding Performed during Period (include type of welding and parent metal groups involved)	Date From	Date To
		/ /	/ /
		/ /	/ /
		/ /	/ /

**3. Welding Training Course Completed** (Supporting evidence of successfully completed welding training in the type of manual welding on the parent metal group to which the application relates must be attached)

Details of Training Organisation	Details of Course	Date From	Date To
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

**4. CASA Acceptance of Training**

Training meets requirements for the type of manual welding on the parent metal group to which the application relates.

Yes       No

Name:	Signature:	Date:
ARN:		____ / ____ / ____

**5. Weld Test Examiner Nomination**

Examiner Full Name	Examiner Contact Details
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CASA will send a copy of this form and the results of the training assessment directly to your nominated weld test examiner. If you have not nominated an examiner, your application may be refused.

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**Section B: Applicant Checklist – prior to weld examination\*** Enter Y or N into applicable boxes

	I hold an Aviation Reference Number (ARN) or Application Form 1162 included
	I have attached supporting documentation for Experience /Employment
	I have attached supporting documentation for welding training course(s) – initial/variation only
	Weld Test Examiner nominated
	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 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).

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section D: Examiner Checklist - After weld examination and receipt of lab result\***

Date test completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/>	Section A1 completed as required
<input type="checkbox"/>	I have attached the <b>original</b> Form 353 – Weld test sheet
<input type="checkbox"/>	I have attached the <b>original</b> laboratory result sheet

Examiner Full Name	Examiner Contact Details
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Return completed original copies of documents to CASA by mail.

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**CASA use only**

**Important:** Please sign whether application is approved or not. If application is refused, write refusal letter and attach 2 copies.

Application Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Initial issue / Renewal date: ____ / ____ / ____		Expiry date: ____ / ____ / ____
Name:	Signature:	Date:
ARN:		____ / ____ / ____

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**Payment Authorisation**

**Application Fees\***

Fee Code	Description	Total
<input type="checkbox"/> 2.14	Initial Issue / Variation / Renewal of a Welding Authority – processing and consideration \$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

**Paid Stamp**

Receipt No:		Initial:	