



CASA Stamp:

IMPORTANT INFORMATION FOR APPLICANTS

- 1: This form replaces the previously numbered Form 1363.
- 2: 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.
- 3: 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:*

--	--	--	--	--	--	--	--

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: Application Details*

1. Authority Expiry Date: ____ / ____ / ____

2. Details of how you have maintained proficiency and familiarity with Weight Control Methods applicable to the Authority (Refer CAO 100.28 para 7.1)

Supporting evidence must be attached. Minimum acceptable evidence would be the establishment of the empty weight CG and the preparation of load data sheets for 3 aircraft.

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

	Supporting evidence of proficiency and familiarity 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 Privacy Policy](#)). I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false statement is an offence against the *Criminal Code Act 1995* (Cth).

Signature: _____ Date: ____ / ____ / ____

--	--	--	--	--	--	--	--

Payment Authorisation

Application Fees*

Fee Code	Description	Total
<input type="checkbox"/> 2.13	Application for renewal of an Aircraft Weight Control Authority – processing and consideration \$130 (HR)	\$ 130

Note: When an hourly rate is revealed to be over/under estimated, the applicant will be invoiced or rebated the fee difference.

Total Cost:	\$ _____
--------------------	----------

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:

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

 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
- **Mail to:** CASA Licensing and Registration Centre
CASA
GPO Box 2005
CANBERRA ACT 2601
- **Fax to:** 1300 737 187

Paid Stamp

Receipt No:		Initial:	