



CASA Stamp:

IMPORTANT INFORMATION FOR APPLICANTS

- 1: Form 465 is to be submitted with this application to notify CASA of the completion of relevant training either by a Part 147 MTO or a Part 145 AMO.
- 2: If required to provide copy of foreign qualifications, you must submit certified true copies for your foreign licence and Company Authorisations.
- 3: Category exclusion removal can only be achieved through a CASA approved Part 147 category Maintenance Training Organisation (MTO).
- 4: Payment for this application can be made online. Go to the CASA webpage and click the Payment button. You must attach a copy of the receipt with this application.
- 5: 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.
- 6: 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: Eligibility Criteria*

1. Exclusions

Note: An Exclusion cannot be removed from an Aircraft Type Rating unless the relevant Exclusion has been removed from the Category.

1.1 Are you applying to remove an Exclusion on an Aircraft Type Rating?

- Yes - Proceed to Q1.2
 No - Proceed to Q2 or Q3

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

1.2 Have you had the relevant Exclusion removed from the Category?

Note: Category exclusion removal can only be achieved through a CASA approved Part 147 category Maintenance Training Organisation (MTO).

- N/A – There is no Exclusion on the Category
- Yes
- No – I am applying for removal of the Exclusion from the Category in this application.
- No – Application will be refused. The Exclusion on the Category must be removed first.

2. Australian Civil Training and Assessment

Applicable for removal of category and ratings exclusions for Australian Civil applicant only.

a. Category

- Part 147 Maintenance Training Organisation (MTO) – You must attach the completed Form 465 - Assessment Notification to this application, in accordance with CASR 66.072.

b. Aircraft Type Rating

Where did you complete your aircraft type training and assessment to remove the Exclusion/Limitation?

- Part 145 Approved Maintenance Organisation (AMO) – You must attach the completed Form 465 - Assessment Notification to this application, in accordance with CASR 66.110. **OR**
- Part 147 Maintenance Training Organisation (MTO) – You must attach the completed Form 465 - Assessment Notification to this application, in accordance with CASR 66.110.

3. Foreign Training and Assessment

Applicable for removal of category and aircraft type ratings exclusions for Foreign applicant only.

a. Category

- Part 147 Maintenance Training Organisation (MTO) – You must attach to this application, the completed assessment notification, Form 465, in accordance with CASR 66.072.

b. Aircraft Type Rating

- Removal of Exclusions/Limitations for ratings on the basis of foreign civil qualifications – you must attach certified true copies of your licence and Company Authorisations, indicating recency.

4. Medical Significant Conditions Refer to CASR 66.025(3)(d) and 66.080(1)

Note: In accordance with CASR Part 11, if you have previously supplied documentation, you are not required to submit it again.

Do you have a medically significant condition (as described in CASR 67.010) that is safety-relevant?

- Yes – Please attach a report from a medical practitioner that describes the condition.
- Yes – I have previously submitted documentation to CASA MPL and received acknowledgement of receipt by CASA. Date submitted: _____ / _____ / _____
- No

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

Section B: Application Details*

1. Type of Exclusion/Limitation to be Removed* Tick appropriate box(es)

- Category Aircraft Type Rating

2. Removal of an Exclusion/Limitation on a Category Complete if removing an Exclusion/Limitation on a Category
Select the relevant Category and enter the code(s) for the Exclusion/Limitation to be removed.

Category	Exclusion/Limitation
<input type="checkbox"/> B1.1	
<input type="checkbox"/> B1.2	
<input type="checkbox"/> B1.3	
<input type="checkbox"/> B1.4	
<input type="checkbox"/> B2	

3. Removal of Exclusions on Aircraft Type Ratings Complete if removing an Exclusion on a Rating
Enter the relevant Aircraft Type Rating and enter the code(s) for the Exclusion(s) to be removed.

Category	Aircraft Type Rating	Exclusion

4. Other Experience and Employment (if applicable) Attach a separate page if insufficient space.

Note: Statements such as "See previous history" are not acceptable. Only include relevant experience and employment history details since the last application in the section above

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

Section C: Applicant Checklist* Enter 'Y' or 'N' in applicable boxes

	Copy of Form 465 from Part 147 MTO, specifying qualifications and experience attached, OR Copy of Form 465 from Part 145 AMO, detailing training attached OR Certified true copies of foreign licence and Company Authorisations (aircraft type ratings only)
	Application form signed and fully completed, with ARN entered on every page
	Payment made online and receipt attached OR Payment Authorisation completed (cheque or money order attached if applicable)

Section D: 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. 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"/> 2.40	Removal of one or more Exclusions/Limitation from a CASR Part 66 licence – processing and consideration	\$ 195
		Total Cost: \$ _____

Payment Options *

- Payment made [online](#) Receipt No: _____ (CASA preferred option)
Attach printed receipt and do not complete remainder of this page
- 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 <input type="checkbox"/> Visa <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></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
- **Mail to:** CASA Licensing and Registration Centre
 CASA
 GPO Box 2005
 CANBERRA ACT 2601

Paid Stamp

Receipt No: _____	Initial: _____