



Refer to page ii of viii of the Guidelines to determine which Parts of this application should be completed relevant to your application type

Type of Application*

Initial (complete all sections) <input type="checkbox"/>	Significant Change Reissue of Certificate <input type="checkbox"/>	Renewal <input type="checkbox"/>
Is this related to an Election? <input type="checkbox"/>	Completion of Part A1.1 or A1.2 (fields marked with an asterisk (*) are mandatory), Part C, D and E are mandatory. Complete Part B as relevant to your application Is this related to an Election? <input type="checkbox"/>	Completion of Part A1.1 or A1.2 (fields marked with an asterisk (*) are mandatory) and Part E are mandatory

PART A – Details of the Applicant

If you are filling in the form by hand, print neatly with a black or blue ballpoint pen. Some questions contain check boxes. Please mark where appropriate. It is in your interest to ensure that the information you provide is both accurate and complete. This information is used in the calculation of a cost estimate for the assessment of your application. It is an offence to make false declaration.

A1 - Applicant's Details*

The name you provide in A2.1 and A2.2 will be the name reflected on the authorisation when issued.

An Individual? <input type="checkbox"/>	<input type="checkbox"/> > Complete A1.1 then go to A1.3. You do not need to complete A1.2
Legal entity other than individual? <input type="checkbox"/>	<input type="checkbox"/> > Complete A1.2. You do not need to complete A1.1

A1.1

Surname*	
Given Names*	
ARN (if not previously allocated, please provide proof of identity - refer to guidance - and an ARN will be created) *	

A1.2

Name of Legal Entity*	
ACN or ARBN *	
If NOT Australian Registered: Place formed or incorporated	
ABN	
ARN (if not previously allocated, please provide proof of identity - refer to guidance - and an ARN will be created)*	

A1.3 Business name – For your trading name to appear on the Part 42 Certificate, you must meet the criteria set out in the Guidelines.

Trading Name	1		Registration No.	
	2		Registration No.	

A1.4 Business Address - This is the office address of the business. If a company, it is the official address as registered with Australia Securities and Investments Commission (ASIC)

Street					
Suburb		State		Postcode	
Country					

A1.5 Physical address - This is the address where you carry out your main aviation activity. If the same as A1.4, write "As Above".

Street					
Suburb		State		Postcode	
Country					

A1.6 Postal Address - List the address where you want correspondence to be sent.

Street or PO Box					
Suburb		State		Postcode	
Country					

A1.7 Main Contact details of the proposed certificate holder

First Name		Surname	
Phone (Business Hours)		Fax	
Phone (After Hours)		Mobile	
Email			

A2 – Use of an Agent

If you wish to authorise an agent to act on your behalf, CASA requires that the agent has the necessary authorisation e.g. Power of Attorney (POA). The POA must be executed and signed by all applicants or in the case of a company by a Director of that company. A certified copy of the POA must be submitted with the application.

A2.1 Are you using an Agent for this application? Yes > Go to A2.2 No > Go to Part B

A2.2 Details of the Agent

First Name		Surname	
Phone (Business Hours)		Fax	
Phone (After Hours)		Mobile	
Email			

A2.3 Postal Address of the Agent

Street or PO Box					
Suburb		State		Postcode	
Country					

This completes PART A of the Application

PART B – Proposed scope of continuing airworthiness management services

You need to complete this Part if you intend to conduct continuing airworthiness management services, in accordance with Part 42 of CASR 1998.

B1 List the aircraft manufacturer and model/series you propose to provide continuing airworthiness management services and identify the continuing airworthiness management services you wish to provide.

Continuing airworthiness management services

Mandatory

- A - Ensuring compliance with requirements mentioned in Divisions 42.C.2, 42.C.3 and 42.C.4
- B - Issue of an airworthiness review certificate under Division 42.I.2
- C - Extension of an airworthiness review certificate under Division 42.I.3
- D - Carrying out of an airworthiness review under Division 42.I.4

Reserved for Future:

- E - Approval of maintenance program under Division 42.J.2

Optional

- F - Approval of a variation of a maintenance program under Division 42.J.4

Add	Remove	Aircraft Type	Model	A	B	C	D	E	F
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This completes PART B of the application

PART C — Exposition*Please check the applicable box.*

The attached Exposition / Exposition amendment is based on the CASA sample Exposition.

The attached Exposition / Exposition amendment is **NOT** based on the CASA sample Exposition.
(Please complete the compliance matrix provided in the sample exposition.)**This completes PART C of the application****PART D – Submission Check List Not Required for a Renewal Application**

1. Have you completed Part A – Applicant Details?	Yes <input type="checkbox"/>	This is required for all applications.	
Have you attached Proof of ID?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> ACN/ARBN provided
Have you completed the applicable ARN form?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> ARN provided	
2. Have you completed Part B – Proposed scope of continuing airworthiness activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Have you completed Part C - Exposition	Yes <input type="checkbox"/>	This is required for all applications	
4. Have you completed Part D – Submission Checklist?	Yes <input type="checkbox"/>	This is required for all applications.	
5. Have you completed Part E – Declaration?	Yes <input type="checkbox"/>	This is required for all applications.	
6. Have you completed Form 4 – for each of the following Key Personnel <ul style="list-style-type: none"> • Accountable Manager • Responsible Manager • Continuing Airworthiness Manager • Quality Manager 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	

This completes PART D of the application**Part E –Applicant’s Declaration***Giving false or misleading information is a criminal offence under Part 7.4 of the Criminal Code Act 1995.* > I am the appointed Accountable Manager > I am the proposed Accountable Manager > I am the agent appointed under a Power of Attorney

If I am signing this application as an agent, I declare that I have obtained the necessary authorisation to enable me to sign on behalf of the Applicant.

DECLARATION

1. I understand that the information provided in this application is true and correct. Please note that giving false or misleading information is an offence under Part 7.4 of the Criminal Code Act 1995.
2. I understand that the information provided in this application will allow CASA to calculate the estimate for service for processing this application.
3. I understand and agree that the cost estimate may change if:
 - a. The application does not accurately and completely identify my requirements; or
 - b. The details in this application are subsequently changed; or
 - c. Inadequate supporting documentation has been provided.
 If this occurs, I accept that the process of this application may be delayed and additional charges may be incurred.
4. If I am signing this application as an agent, I declare that I have obtained the necessary Power of Attorney authorising me to sign on behalf of the applicants.
5. I agree to the publication of our Part 42G Approval Certificate with our company’s details on the CASA website.

Name *	<input type="text"/>	Signature *	<input type="text"/>	Date *	/ /
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You must provide the name and signature of either the Accountable manager or the appointed agent only for CASA to accept this application.

This Completes PART E of the application

What to do now

Post, fax or email the complete set of documents to CASA using one or a combination of the following, as appropriate:

Postal address	Civil Aviation Safety Authority Permission Application Centre (Brisbane) GPO Box 2005 CANBERRA ACT 2601
Fax	(07) 3144 7333
Email	regservices@casa.gov.au

After reviewing your application, CASA may require you to submit additional documents to support your application.

This completes your application