



CASA Stamp:

IMPORTANT INFORMATION FOR APPLICANTS

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

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CONTACT DETAILS

Note: You are required to notify CASA of any changes to your personal contact information (refer to CASR 11.070). Correspondence, including permissions issued as a result of this application, will be sent by post to the current postal address according to CASA's records.

Have you updated your personal and contact details with CASA?

You should notify CASA of any changes using one of the following methods:

- Log onto the CASA Self Service Portal <https://portal.casa.gov.au/selfservice/>
- Submit Online Change of Details form <https://portal.casa.gov.au/casaforms/addrchange.htm>

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 Amendment to Scope

Section A: Applicant Details*

1. Training Details Refer to CAO 100.28, Schedule 1, para 1.1.a. Supporting evidence must be attached.

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2. Recent practical Experience of WCA Duties Refer CAO 100.28, Schedule 1, para 1.1.b. Supporting evidence must be attached.

3. CASA Examinations Results Refer CAO 100.28, Schedule 1, para 1.1.c. Supporting evidence must be attached.

Section B: Applicant Checklist* 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 Weight Control training
	I have attached supporting documentation for Weight Control experience
	I have attached evidence of exams
	Proof of identity attached (Initial issue only) or Not applicable
	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: Declaration by Applicant*

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: ____ / ____ / ____
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Payment Authorisation

Applicant Details *

Surname:		Given Names:	
Mobile:*		Email:*	

* These details will be used to follow-up payment issues only. These details will NOT be updated in CASA's database.

Licence Fees*

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

Fee Code	Description	Total
<input type="checkbox"/> 2.13	Initial Issue or Amendment of a Weight Control Authority - processing and consideration \$ 130 (HR)	\$ 130
Total Estimated Cost:		\$ _____

Details of Third Party Payment

Individual's or Organisation's Full Name:		
Email:		
Postal Address:		
State:	Postcode:	Country:
Contact Phone:	ARN: (if applicable)	

Payment Options*

- I have enclosed a Cheque or Australian Money Order (**please make cheques payable to CASA**)
- I am paying by credit card – please ensure you complete ALL details below including the card holder name and the total amount

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:	____/____/____										

- My Company holds a line of credit with CASA – please enclose a purchase order

Submit the Payment Authorisation Form (and Cheque / Money Order / Purchase Order) with the Application Form.

- **Email to:** AME.Licensing@casa.gov.au
- **Mail to:** CASA Licensing and Registration Centre
CASA
GPO Box 2005
CANBERRA ACT 2601
- **Fax to:** 1300 737 187

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Receipt No:		Initial:	
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