



APPLICATION FOR ISSUE OF AIR TRAFFIC SERVICE LICENCE AND/OR
INITIAL RATING UNDER CAR PART 65

ISSUED FOR USE
CA 065-01

References:

CA Act 2000 Consolidated 2023, CAR Part 65

Instructions:

Fill in the required fields and check the appropriate boxes. Use a separate form for each applicant.

Post, deliver or email this Form to:

Civil Aviation Safety Authority, P.O. Box 1941, Boroko, National Capital District, Papua New Guinea

Email: licensing@casapng.gov.pg

ATTN: ATS licencing Inspector

NOTE

The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under section 304 of the Civil Aviation Act 2000 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding K25,000

A prescribed fee of K330.00 should be paid through EFTPOS machine at CASA PNG office or by direct deposit or telegraphic transfer to:

Details of Bank Account:

Account Name: **CASAPNG**

Account Number: **13507607**

Bank: **ANZ (PNG) Ltd**

BSB Number: **18900**

Swift Code: **ANZBPGPX**

Location: **Jackson's Int'l Airport Port Moresby, PNG.**

(Note: ANZ Deposit slip or Foreign TT slip should be attached to this application as evidence of payment)

Applicants Specimen Signature

1. PERSONAL DETAILS					
PNG Client Number (if known) :				Date of Birth (dd/mm/yy):	__/__/----
Title (Mr/Mrs/Ms/Miss):		Surname:		Given Name(s):	
Country of Birth:		Nationality:			
Address for Service – Civil Aviation Act, 2000, Sect 48, requires applicants to provide an address in Papua New Guinea (i.e; a physical address) and to promptly notify the Director of any changes.					
Postal Address – (if different from physical address)					
Tel (office):			Mobile:		
Tel (home):			Email Address:		
2. LICENCE APPLIED FOR (Mark Appropriate Box)					
Air Traffic Controller Licence (ATCL) <input type="checkbox"/>			Aeronautical Station Operation Licence (ASOL) <input type="checkbox"/>		



3. RATING APPLIED FOR (Mark Appropriate Box)			
Air Traffic Control Ratings		Aeronautical Station Operator Ratings	
Aerodrome Control	<input type="checkbox"/>	Area Flight Information	<input type="checkbox"/>
Approach Control Procedural	<input type="checkbox"/>	Oceanic Air-ground	<input type="checkbox"/>
Approach Control Surveillance	<input type="checkbox"/>	Aerodrome Flight Information	<input type="checkbox"/>
Area Control Procedural	<input type="checkbox"/>		
Area Control Surveillance	<input type="checkbox"/>	ATS Instructor Ratings	
Area Control ADS	<input type="checkbox"/>	ATS Instructor (Check)	<input type="checkbox"/>
		ATS Instructor (Class)	<input type="checkbox"/>
		ATS Instructor (O-J-T)	<input type="checkbox"/>

4. PHOTOCOPIES OF THE FOLLOWING DOCUMENTS MUST BE ENCLOSED WITH THIS APPLICATION	
<i>Enclose photocopies of the following items and tick the box</i>	
For License Issue and Rating Endorsement	
Cover letter from Company/Employer	<input type="checkbox"/>
Satisfactory completion of the applicable training course	<input type="checkbox"/>
Competency Report (written examination and proficiency assessment by the appropriate AATSE)	<input type="checkbox"/>
Satisfactorily meet field OJT requirements	<input type="checkbox"/>
Current Class 3 Medical Certificate (Part 67)	<input type="checkbox"/>
Pass ATS Air Law Examination (ATCL and ASOL only)	<input type="checkbox"/>
Aviation English Language Proficiency (ELP) Assessment Credit	<input type="checkbox"/>
Human Factors Training Certificate	<input type="checkbox"/>

5. FEES						
	Licence		Rating			Total Received
	ATCL	ASOL	ATC	ASO	Instructor	
ATCL – K300						
AATC Rating - K300						
ASO Rating - K300						
ATC Licence + Initial Rating - K400						
ASO Licence+ Initial rating –K400	K.....	K.....	K.....	K.....	K.....	K.....
ATS Instructor-K300						
Fees to accompany application-K300						

6. FIT & PROPER PERSON		
<p>Please tick appropriate box ensure all questions are answered – (a) to(g).</p> <ul style="list-style-type: none"> If your answer is “yes” to any of the questions, please provide details below. If needed, separate sheets may be attached in a sealed envelope marked <i>Confidential, Manager Personnel Licensing, Civil Aviation Safety Authority</i>. Include Name, client number (if known), and document applied for. 		
THE INFORMATION SOLICITED HEREIN SATISFIES THE REQUIREMENT FOR FIT AND PROPER PERSONS TEST PURSUANT TO SECTIONS 49 AND 50 OF THE CIVIL AVIATION ACT 2000.	YES	NO
a. Have you previously had an application for an aviation document rejected?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been the holder of an aviation document which has been suspended or revoked ?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been convicted of any transport safety offence in a court of law in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you been convicted of any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you presently facing charges for any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>



g. Have you any history of physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>
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Details – Attach separate pages, if required. Please sign, date and stamp each document.

Separate pages attached: **Yes** **No**

7. DECLARATION

I declare that the enclosed copies of my personal documents are authentic and that the information shown on them is true and correct.

I declare that to the best of my knowledge and belief the statements made and the information supplied in the questionnaire on fit and proper persons assessment and the attachments are complete and correct.

Consent to Disclosure and Collection

I authorise the collection by the Director of Civil Aviation or his delegate (hereinafter referred to as “the Director”) from, and the disclosure to the Director by, any person, organisation or government department of any details of the following information about me, my knowledge and compliance with transport safety regulatory requirements; my physical or mental health or serious behavioural problems; any criminal investigations, charges or convictions, including any matters relating to any transport safety offence.

I authorise the Director to use, and disclose the information obtained about me for any purpose associated with the lawful functions of the Director and the Civil Aviation Safety Authority under the Civil Aviation Act 2000 (as amended), or other such purpose permitted by law.

.....
Applicants Signature

.....
Date

OFFICE USE ONLY					
Client No.	Date of Issue	Fees	Receipt No	Receipt Date	Remarks

Fit & Proper Person:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name:	Signature:
Designation:	Date: