



APPLICATION FOR ENDORSEMENT OF ADDITIONAL AIR TRAFFIC
SERVICE RATING(S) UNDER CAR PART 65

ISSUED FOR USE
CA 065-02

Reference:

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:		
<p>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.</p>			
<p>Postal Address – (if different from physical address)</p>			
Tel (office):		Mobile:	
Tel (home):		Email Address:	

2. 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"/>



6. 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:	