



APPLICATION FOR PNG ATS LICENCE VERIFICATION LETTER/REPORT

ISSUED FOR USE
CA 065-04

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)

1. PERSONAL DETAILS			
PNG Client No. (if known):		Licence Type / Number:	
Given Names		Surname	
Title		Date of Birth	
Country of Birth		Nationality	
<p>Address for Service – Civil Aviation Act, s48, requires applicants to provide an address for service PNG (i.e. physical address) and to promptly notify the Director of any changes</p>			
<p>Postal Address – if not same as above</p>			
Phone (work)	(+)	Mobile	(+)
Phone (home)	(+)	Email	
I am applying for:	Verification Letter <input type="checkbox"/> (VL is emailed to applicant)	Verification Report <input type="checkbox"/> (VR is emailed to foreign CAA)	Both <input type="checkbox"/>
2. VERIFICATION DETAILS – Foreign Authority Contact			
Verification Report			
Name of Foreign CAA:			
Name and Position of Foreign CAA Inspector:			
Email of Foreign CAA Inspector:			
3. FEE			
Verification Letter – K300	Verification Letter	Verification Report	TOTAL
Verification Report – K300			
Fees to accompany application form	K.....	K.....	K.....

**4. FIT & PROPER PERSON DECLARATION****THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO SECTIONS 49 AND 50 OF THE CIVIL AVIATION ACT 2000 (as amended) , WHICH PROVIDES FOR A FIT AND PROPER PERSON'S FPP TEST TO BE SATISFIED**

	Yes	No
Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a high licence)? <i>If answering "Yes", please give details</i>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you been convicted of any criminal charges or are you presently facing charges for any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have you any history of physical or mental health or serious behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>

5. CERTIFICATIONI hereby certify that I have met the eligibility requirements of the issue of an **ATC / ASO** licence in **Rule 65.103 / 65.303** and the recent experience requirements in **Rule 65.107 / 65.307****Applicant Signature:****Date:**

I agree to my name being published and/or listed in electronic media as being the holder of an Inspection Authority

YES **NO** **6. THE FOLLOWING DOCUMENTS MUST BE ENCLOSED WITH THIS APPLICATION**

a) Cover Letter from Operator/Company/Employer demonstrating 'need'	<input type="checkbox"/>
b) Complete Verification application CA 065-04	<input type="checkbox"/>
c) Copy of application receipt	<input type="checkbox"/>
d) Copy of valid identification ie. Passport bio-page, drivers licence and/or work I.D	<input type="checkbox"/>
e) Copy of current PNG ATS Licence	<input type="checkbox"/>
f) Copy of current Class 3 medical certificate	<input type="checkbox"/>

**7. DECLARATION**

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 283 of the Civil Aviation Act 2000 (as amended) 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

I declare that to the best of my knowledge and belief the statements made and the Information supplied in this application and the attachments are complete and correct.

Consent to Disclosure & Collection

I authorised the Civil Aviation Safety Authority of Papua New Guinea (CASA PNG) to use the information concerning me on this form or attached hereto for any purpose required or authorised by law.

I further authorised such information to be disclosed by CASA PNG to any person who requires such information to carry out any function as lawfully directed by CASA PNG under the Civil Aviation Act 2000 (as amended) or other such purpose permitted by law.

Applicant Signature**Date****OFFICE USE ONLY**

Client No.	Date of Issue	Fees	Receipt No	Receipt Date	Remarks