



**References:**

CAR 183.7

**Instructions:**

- (1) Entries should be typed or printed in block letters.
- (2) For an application for issue of an authorisation the application must be accompanied with the prescribed fees.
- (3) Applicants should clearly understand that unless all entries on this form are completed accurately and fully, the issue of the authorisation may be delayed.
- (4) Forward completed application together with Form CA FPP1 and Curriculum Vitae to:

**Director**

**Civil Aviation Safety Authority**

**P. O. Box 1941,**

**BOROKO, N C D**

**Papua New Guinea**

- (5) The provision of false information or failure to disclose information relevant to the grant of holding of an aviation document constitutes an offence under Section 283 of the Civil Aviation Act 2000 and is subject, in the case of a person other than a corporation, to a maximum fine of K100,000

**SECTION 1 APPLICANT**

<b>Name of Applicant:</b>					
<b>Title:</b>		<b>Surname:</b>		<b>Given Names:</b>	
<b>Country of Birth:</b>				<b>Date of Birth:</b>	___ / ___ / _____
<b>Nationality:</b>					
<b>Employer / Organization:</b>					
<b>Postal Address of applicant:</b>					
<b>Address for Service in Papua New Guinea</b> (Refer Civil Aviation Act Section 48)					
<b>Telephone:</b>	(675)	<b>Facsimile:</b>		<b>Email:</b>	
A person who can be contacted for further information concerning this applicant		<b>Name:</b>		<b>Position:</b>	
<b>Postal Address:</b>					
<b>Telephone:</b>	(675)	<b>Facsimile:</b>		<b>Email:</b>	

**SECTION 2 REASON FOR APPLICATION – (Please tick  appropriate box)**

Initial Issue <input type="checkbox"/>	Renewal <input type="checkbox"/>
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**SECTION 3 AUTHORIZATION APPLIED FOR – (Please tick  appropriate box)**

<b>AER</b>	Authorized Engineering Representative	<input type="checkbox"/>
<b>APA</b>	Authorized Personnel Assessor	<input type="checkbox"/>
<b>AFE</b>	Authorized Flight Examiner	<input type="checkbox"/>
<b>AATSE</b>	Authorized Air Traffic Service Examiner	<input type="checkbox"/>
<b>AAR</b>	Authorized Airworthiness Representative	<input type="checkbox"/>



## SECTION 4 QUALIFICATION AND EXPERIENCE

Highest Qualification plus	
Ratings in relevant fields:	
Other Qualifications:	
Aviation Experience:	

### The following items must be enclosed with this Application Form

<b>General:</b>	
<ol style="list-style-type: none"> <li>Two written references from aviation organizations or persons professionally involved in the applicable industry sector attesting to the applicant's character, reputation and integrity; and</li> <li>If employed by an aviation organization, a written statement from the organization supporting the application and confirming that reference material, tools and equipment belonging to the organization are available for use of the applicant if he or she becomes some authorized representatives; and</li> <li>Such further particulars relating to the applicant as may be required by the Director.</li> </ol>	
<b>Specific:</b>	
<b>For AER authorization:</b>	➤ Written statement of the types of aircraft, aircraft components, aircraft systems or processes in relation to which he or she intends to carry out the functions of AER.
<b>For APA authorization:</b>	➤ Written summary of technical skills and knowledge that person has in relation to the functions and specialties he or she intends to carry out as an APA
<b>For AFE authorization:</b>	➤ Written summary of the technical skills and knowledge that person has in relation to the functions and specialties he or she intends to carry out as an AFE.
<b>For AATSE authorization:</b>	➤ Written summary of the technical skills and knowledge that person has in relation to the function he or she intends to the functions and specialties he or she intends to carry out as an AATSE.
<b>For AAR authorization:</b>	➤ Written statement proposing the types of aircraft for which he or she intends to carry out functions of an AAR.



### Declaration

I hereby certify that the enclosed copies of my personal documents are authentic and that the information shown on them is true and correct. I further authorize the Civil Aviation Safety Authority (CASA) to use the information concerning me on this form or attached hereto for any purpose as required or authorized by law. I further authorize such information to be disclosed by the CASA to any person who requires such information to carry out any function as lawfully directed by CASA.

I understand and am able to undertake the functions of an authorized representatives as detailed in  
*(Please tick  appropriate box)*

183.53  183.103  183.207  183.303  183.403  and responsibilities  
detailed in 183.503

Applicant's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

### CASA USE ONLY

1. Received by: \_\_\_\_\_
2. Fees Received by: \_\_\_\_\_
3. Receipt No: .....
4. Receipt Date .....
5. Remark: \_\_\_\_\_