

# APPLICATION FOR ENDORSEMENT OF ADDITONAL 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 tern 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 Air	port Port N	foresby, PNG.						
(Note: ANZ Deposit slip or Fo	-		o thio o	nalication as avid	lance of n	aumont)		
(Note: ANZ Deposit slip of Fo	oreign i i si	ip sriouid de allacried li	o uns a	pplication as evic	ence or pa	ayment)		
Applicants Specimen Sig	gnature							
1. PERSONAL DET	AILS							
PNG Client Number (if k	nown):			Date o	f Birth (	dd/mm/yy):	//	_
Title (Mr/Mrs/Ms/Miss):		Surname:		•	Given	Name(s):		
Country of Birth:				Nationality:				
Address for Service –	Civil Avia	tion Act. 2000. Sect			ts to prov	ride an address	s in Papua New Gi	uinea (i.e: a
physical address) and to p	oromptly n	otify the Director of a	any ch	anges.				(, _
Postal Address – (if different from physical address)								
	1					T		
Tel (office):				Mobile:	bile:			
Tel (home):		F		Email Addre	ail Address:			
2. RATING APPLIE	FOR (Ma	ark Appropriate Bo	x)					
Air Traffic Control Ratings			T	Aeronautical Statio		Station Oper	rator Ratings	T
Aerodrome Control			Area	rea Flight Information				
Approach Control Procedural			Oce	Oceanic Air-ground				
Approach Control Surveillance			Aero	Aerodrome Flight Information				
Area Control Procedural								
Area Control Surveillance			ATS	ATS Instructor Ratings				
Area Control ADS				ATS	ATS Instructor (Check)			
				ATS	Instructo	or (Class)		
				ATS	Instructo	or (O-J-T)		
				•				



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3. PHOTOCOPIES OF THE FOLLOWING DOCUMENTS MUST BE ENCLOSED WITH THIS APPLICATION						
Enclose photocopies of the following items and tick the box						
For License Issue and Rating Endorsement						
Cover letter from Company/Employer						]
Satisfactory completion of the appro	priate ATS training	g course (Certifi	cate and course re	eport)		]
Competency Test Report (written ex	camination and pro	oficiency assessi	ment by the appro	priate AATSE)		
Satisfactorily meet field OJT require		-		,		<u> </u>
Current Class 3 Medical Certificate (Part 67)						
Satisfactory completion of an Instruc	ctional Training Co	ourse (ATS Instru	uctor Rating only)			
4. FEES	l					
ATC Rating - K300 ASO Rating - K300		Rating		Total Received		
ATS Instructor-K300	ATC	ASO	Instructor			
Fees to accompany application form				K		
	K	K	K			
FIT & DRODED DEDOON						
5. FIT & PROPER PERSON  Please tick appropriate box ensure a	all guestions are a	unswered – (a) to	)(a)			
• If your answer is "yes" to a	•					
If needed, separate sheets	-		· •			
Confidential, Manager Personnel Lid applied for.	censing, Civil Avia	tion Safety Auth	ority'. Include Nan	ne, client number (if kno	own), and do	cument
THE INFORMATION SOLICITED H					YES	NO
	PERSONS TEST PURSUANT TO SECTIONS 49 AND 50 OF THE CIVIL AVIATION ACT 2000.					
a. Have you previously had an application for an aviation document rejected?						
b. Have you been the holder of an aviation document which has been suspended or revoked?						
c. Have you been convicted of any transport safety offence in a court of law in the last five years?						
d. Are you presently facing charges for a transport safety offence?						
e. Have you been convicted of any criminal offence?						
f. Are you presently facing charges for any criminal offence?						
g. Have you any history of physical or mental health or serious behavioural problems?						
Details Attack consists were if we wind Discounting date at 1 is						
Details – Attach separate pages, if required. Please sign, date and stamp each document.						
			Separa	ite pages attached:	Yes 🗆	No 🗆



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### 6. DECLARATION

OFFICE LISE ONLY

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.

•	under the Civil Aviation Act 2000 (as amended), or other such purpose
Applicants Signature	Date

OTTIOE USE ONET							
Client No.	Date of Issue	Fees	Receipt No	Receipt Date	Remarks		
<b>-</b>							

Fit & Proper Person:	Yes: □	No: □		
Name:			Signature:	
Designation:			Date:	