



<p>CONTACT DETAILS: Licence holders are obliged to provide CASA with changes to their contact details. Contact details can be updated as follows:</p> <ol style="list-style-type: none"> 1. CASA Self Service Portal : http://www.casa.gov.au/selfservice/index.asp - register for the CASA Self Service Portal and review your personal, licensing and registration details. 2. Fill out the form on CASA's website and submit it for action by CASA's licensing team https://portal.casa.gov.au/casaforms/addrchange.htm 3. Advise CASA in writing by email, fax or letter to CLARC at CASA - address details are available on CASA's website. 	<p>CASA USE ONLY:</p> <p>Phone payment Date: / / Time: : CASA Officer's Name:</p> <p>Receipt details: Received: / / Receipt Number:</p>
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Applicant Details

ARN

Family Name:	First Name:	Date of Birth: / /
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Fees for Flight Crew Licensing

Tick box to identify which fee is being paid.

24.5	Verification Letter (Letter sent to Overseas Authorities confirming validity of Flight Crew Licence and Medical details. Includes a Confirmation report). Note: Authority to release information to a third party must be provided if being released to a third party.	<input type="checkbox"/>	\$50.00
Total cost:			\$50.00

Details of Person Making Payment (If Not the Applicant)

Company Name:	Contact Phone:
Family Name:	Given Name:
Current Postal Address:	State: Postcode:

The receipt will be sent to the applicant's current postal address unless CASA is advised otherwise.

Payment Advice

I authorise the Civil Aviation Safety Authority to debit the following amount from my:

Mastercard Visa

Card Number: Expiry Date: /

Card Holder Name: _____ Total: **\$50.00**

Signature: _____ Date: / /

Payment is being made by Cheque or Australian Money Order. Please attach and make payable to **CASA**.

PAYMENT OPTIONS:

- ATTACH THIS PAYMENT ADVICE (AND CHEQUE, MONEY ORDER) TO THE APPLICATION FORM.
- POST TO CLARC - CASA, GPO BOX 2005, CANBERRA ACT 2601.
- FAX TO 1300 737 187 (+61 2 6217 1899 from outside of Australia).



Australian Government
Civil Aviation Safety Authority

ARN

AUTHORITY TO RELEASE INFORMATION

I, _____,
(Full Name)
of (Residential Address): _____

State: _____ Postcode: _____

Hereby **AUTHORISE** the Civil Aviation Safety Authority (CASA) to release to:
(Names of nominated person(s) / organisation(s))

Contact details of nominated person(s) / organisation(s):

Fax: _____

Email: _____

Copies of the following documents that are held by CASA:

- My Australian Flight Crew Licence (Including endorsements; ratings and approvals)
- My Aviation Reference Number (ARN)
- My current Aviation Medical Certificate including any conditions attaching to that Certificate
- Details of any suspensions / cancellations of my Flight Crew Licence and any actions brought against me by CASA.

Signature: _____

Date: / /

Name: _____

Please send material relating to this application by email: Yes No

I am aware of, and accept, the risk that information sent via email may be intercepted and read during transmission, not delivered or modified. (If you do not accept the risk, material will be sent by post.)

For information on CASA's Privacy Policy, please visit <http://www.casa.gov.au/tools/privacy/index.htm>