Australian Government
Civil Aviation Safety Authority

Application

Air traffic controller (ATC)

Initial licence or additional rating

CASR Part 65

This form is now available online

Use myCASA for reliable and secure form submissions and payments.

Go to **myCASA**

OR

Download this form before you begin

Please download and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information. Send this form and any attachments to applications@casa.gov.au.

Purpose of this form

Use this form to apply for an initial Air traffic control (ATC) licence or additional ATC rating(s) on an ATC licence.

Who is this form for?

This form is for an individual applying:

- For an initial ATC licence
- To add additional ATC ratings to their existing ATC licence

Information needed to complete this form

- You must be at least 18 years old.
- You must hold at least a current ICAO level 4 aviation english language proficiency (AELP) assessment.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, apply now.

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by changing your details on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

For more information

Go to the CASA website or contact us.

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update your contact details via changing your details.

Full name

ARN

Phone number

Email address

2 What are your medical details?

Class 3 medical certificate date of Issue (DD/MM/YYYY)

/ /

Date of expiry (DD/MM/YYYY)

/ /

3 Have you completed an aviation english language proficiency (AELP) assessment?

Yes ☐ My ICAO AELP is stated on my ATC licence

Yes ☐ I have completed an AELP assessment conducted by an individual approved by CASA

Provide assessment

4 What ratings are you applying for?

- ☐ Aerodrome control
- ☐ Approach control
- ☐ Approach radar control
- ☐ Area control
- ☐ Area radar control

5 What are you **applying** for (select one)?

ATC licence and initial rating(s) ☐ ➡ **Go to 6**

Additional ATC rating(s) ☐ ➡ **Go to 6**

Qualified air traffic service workplace assessor (ATS WPA) declaration

6 I declare that:

- I have sighted documentary evidence that the applicant successfully completed a training course relevant to:
  - ☐ the licence, and/or
  - ☐ the rating(s)
- The applicant has:
  - ☐ passed the appropriate written rating examination(s)
  - ☐ passed the appropriate written endorsement examination(s), and
  - ☐ been assessed by me and found competent to hold an endorsement associated with each rating applied for
- If applicable, for initial ATC licence and additional ATC rating(s) only:
  - ☐ AELP (minimum Level 4) assessment completed.

    Date of AELP (DD/MM/YYYY)

    / /

Full name

ARN

Date (DD/MM/YYYY)

/ /

Applicant checklist

7 Select all that apply:

- ☐ Copies of licences (where requested) are attached
- ☐ Copies of pages showing ratings where requested are attached
- ☐ If not stated on my ATC licence, a copy of my AELP assessment conducted by an individual approved by CASA is attached

If other please specify;

Declaration

8 I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

- This satisfies the requirement for me to sign this application.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

Privacy

Any personal information you provide to CASA, as part of this application, is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our privacy statement and privacy policy.

Fees

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.

I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

Date (DD/MM/YYYY)

/ /

Submitting this form to CASA

Choose one option only

By email – send this form with all supporting documents attached to applications@casa.gov.au

By post – return this form and all supporting documents to:
CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601

Continue to payment page

ARN

Payment authorisation

9 Application fees

Please select the required fees in this application.

☐ Applcation for an ATC licence with initial rating(s)

Fee Code: 14.1.....**$65**

☐ Applcation for additional ATC rating(s)

Fee Code: 14.2.....**$65**

Total: 0

10 Payment options

OPTION 1 Online payment

Make a secure payment online >

Online payments are more secure and also enable CASA to process your request faster.
To make a payment go to Secure payment gateway.
After making a payment, enter the online receipt number below.

Provide the online receipt number below;

OPTION 2 Credit card

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

☐ Mastercard ☐ Visa Total $ 0

Card number

Expiry (MM/YY) /

Cardholder name

Signature

Date (DD/MM/YYYY) / /

Receipt options ☐ Applicant **or** ☐ Third party (provide details below)

Details of third party

ARN (If applicable)

Email

Legal Entity/ Full name

Phone number