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

Purpose of this form

Use this form to apply for an authorisation to act as a flight crew member in an aircraft to which the pilot does not hold a type-rating for the purpose of (a) testing the aircraft; or (b) conducting an experiment in relation to the aircraft under the *Civil Aviation Safety Regulations 1998* (CASR).

Who is this form for?

This form is for experimental test pilots and industry pilots who are planned to test or conduct an experiment on an aircraft to which they are not qualified however can demonstrate competency to an equivalent level of safety to undertake the task.

Information needed to complete this form

CASA will verify the CASR Part 61 license competencies highlighted in the application with CASA databases.

CASA may require applicants to verify the aeronautical experience and academic qualifications (if any) stated in this form. This could be in the form of certified copies or via a Statutory Declaration.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

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 contact details via [changing your details](#).

Full name

ARN

Phone number

Email address

Address

2 What is the applicant's address?

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Associated test activity

3 List aircraft type/s (including model if applicable)

Aircraft type	Registration or Serial No

4 Flight test purpose

5 Planned test activity dates

From Date (DD/MM/YYYY)

/ /

To Date (DD/MM/YYYY)

/ /

6 Is the special CoA (Experimental) application ([CASA Form 718](#)) attached?

No

Yes

Not applicable

Crew position

7 What is the crew position?

Single Pilot

Multi-crew

Co-pilot

Pilot in Command (PIC)

8 Flight activities (Select all that apply)

Test (mandatory)

Transit/Ferry

Work up/Familiarization training

Post maintenance test flights

9 Provide a brief description of the tests to be undertaken.

 Attach AC 21-47 Appendix B compliant test plan

10 Residual risk level

Low

Medium

High

Unacceptable

 Attach AC 21-47 Appendix C risk assessment or equivalent

11 CASA licence details

Aeroplane	Helicopter	CASA medical	Type ratings (relevant)
ATPLA	ATPLH	Class 1	
CPLA	CPLH	Class 2	
PPLA	PPLH		
MECIR A	MECIR H		
SECIR A	SECIR H		
Flight Instructor A	Flight Instructor H		
Formation A	Formation H		
NVFR A	NVFR H		
	NVIS H		
Low level A	Low level H		

12 Proficiency checks

Proficiency checks (as applicable)	Date due
Instrument Proficiency Check – A (IPC)	
Night VFR Rating – A (NVFR)	
Biennial Flight Review – A (BFR)	
Flight Examiner Rating – A (FER)	
Flight Instructor Rating – A (FIR)	
Instrument Proficiency Check – H (IPC)	
Night VFR Rating – H (NVFR)	
Night Vision Imaging System (NPC)	
Biennial Flight Review – H (BFR)	
Flight Examiner Rating – H (FER)	
Flight Instructor Rating – H (FIR)	

13 Flight currency Correct as at:

/ /

Aeroplane	Hours to date	Helicopter	Hours to date
Dual		Dual	
ICUS		ICUS	
PIC		PIC	
Simulator Total		Simulator Total	
Total		Total	
Grand Total A+H			
Aircraft+Simulator			
Total night		Total night	
Total Instrument		Total Instrument	
Aircraft+Simulator			
Last 12 months		Last 12 months	

Aeroplane	Hours to date	Helicopter	Hours to date
Last 90 days		Last 90 days	
Aircraft+Simulator			
Total NVIS		Total NVIS	

14 Relevant professional & academic qualifications, memberships (Test pilot school, University, Member/ Fellow etc)

Qualification	Institute	Year

15 Any other details

Application checklist

16 Select/specify attachments:

- Form 718 is attached (if applicable)
- AC 21-47 Appendix B compliant test plan is attached
- AC 21-47 Appendix C risk assessment or equivalent is attached



17 I declare:

- All statements in this application are true and correct.

I acknowledge by providing my details below and submitting 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 acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.

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

Signature

Date (DD/MM/YYYY)

/ /

Submitting this form to CASA



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