



**CASA Stamp:**

**IMPORTANT INFORMATION FOR APPLICANTS**

- 1: You must be licensed within the applicable Category for which you seek an Aircraft Type Rating before submitting this application **OR** be submitting [Form 542](#) at the same time.
- 2: Payment for this application can be made [online](#).
- 3: This form can be completed electronically and saved locally to your computer. Once the ARN has been entered into the first page, it will automatically update in the applicant ARN fields on subsequent pages. CASA recommends that applicants complete as much of the form electronically as possible.
- 4: Please ensure your application and the checklist are completed correctly and that all required supporting documentation is provided. Incomplete applications will not be accepted and may be returned to you for amendment. **Fields and sections marked with an \* are mandatory.**

**Applicant Details as per Birth Certificate / Passport:**

Title\*: \_\_\_\_\_  
 Family Name\*: \_\_\_\_\_  
 Given Names\*: \_\_\_\_\_  
 Date of Birth\*: \_\_\_\_\_

**Applicant ARN:\***

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**CONTACT DETAILS**

You are required to notify of any changes to your personal contact information (refer to [CASR 11.70](#)), information on how to change your contact details is available on CASA website <https://www.casa.gov.au/services/standard-page/changing-your-details>.  
 All correspondence, including permissions issued as a result of this application, will be sent by email or post to your current contact details according to CASA's records.

**Privacy Statement:** Any personal information you provide to CASA is protected by the *Privacy Act 1988* (Cth). CASA can only collect, use and disclose that information in accordance with that Act. CASA will use the information collected in this form for purposes associated with performing its functions under the *Civil Aviation Act 1988*, the *Airspace Act 2007*, the *Aviation Transport Security Act 2004* or the regulations made under those Acts. For full details on how CASA collects, protects and uses personal information, please refer to [CASA's Privacy Policy](#).

**Section A: Eligibility Criteria\***

**1. Validity of Qualifications** Refer CASR 66.085 and 66.090

**Note:** The applicant must have exercised the privileges under the licence or authorisation for at least 6 months in the 2 years immediately before making this application.

Are you still a serving member of the Australian Defence Force?

- Yes – Please attach a certified true copy of a letter from your Commanding Officer or Engineering Officer that provides evidence of validity for the Aircraft Type Ratings relevant to this application.
- No – Please attach a certified true copy of your discharge certificate.

**Application for Aircraft Type Rating  
on a CASR Part 66 Licence  
ADF Qualifications**

ARN:

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**2. Australian CASR Part 66 Licence**

Do you hold an Australian CASR Part 66 Licence in the related Category/Subcategory, for which the Aircraft Type Ratings will apply?

- Yes – Please ensure you have included the following documentation with your application:
  - Certified true copy of your Defence Force aircraft authorisations, endorsed with the Defence Force Aircraft Type Ratings.
  - Evidence of exercising the privileges of the authorisations for at least 6 months in the 2 years immediately before making this application.
- No – I am applying for the Category at the same time and have completed Form 542.
- No – Application will be refused. You must hold an Australian CASR Part 66 Licence in the relevant Category or be applying for the Category at the same time as applying for Aircraft Type Ratings.

**3. Medically Significant Conditions** Refer to CASR 66.080(1)

**Note:** In accordance with CASR Part 11, if you have previously supplied documentation, you are not required to submit it again.

Do you have a medically significant condition (as described in CASR 67.010) that is safety-relevant?

- Yes – Please attach a report from a medical practitioner that describes the condition.
- Yes – I have previously submitted documentation to CASA MPL and received acknowledgement of receipt by CASA. Date submitted: \_\_\_ / \_\_\_ / \_\_\_
- No

**Section B: Application Details\***

**1. Aircraft Type Ratings**

Enter Aircraft Type Ratings, as listed in AC 66-2, against each Category/subcategory, as appropriate (attach separate page if required)

**Note:** Aircraft Type Ratings may only be applied to the B1.1, B1.2, B1.3 and B2 Categories/subcategories.

Category/Subcategory	Aircraft Type Rating(s)

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**Section C: Applicant Checklist** \* Enter 'Y' or 'N' in applicable boxes.

	Certified true copy of ADF Authorisations (record of training and employment) attached
	Certified true copies of ADF discharge certificate attached <b>OR</b> Certified true copy of letter from CO/EO attached
	Report from medical practitioner detailing all medically significant conditions attached <b>OR</b> Not applicable
	Application form signed and fully completed (including ARN entered on each page)
	Payment made online and receipt attached <b>OR</b> Payment Authorisation completed (cheque or money order attached if applicable)

**Section D: Applicant Declaration\***

I hereby certify that all statements in this application are true and correct in every particular and that I have read and understood all regulatory references included in this application. I consent to CASA using and disclosing my personal information in accordance with CASA's privacy policy including exchanging the information with Commonwealth, State and Territory government agencies (see [CASA's Privacy Policy](#) ). I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false statement is an offence against the *Criminal Code Act 1995* (Cth).

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Payment Authorisation**

**Application Fees\***

Fee Code	Description	Total
<input type="checkbox"/> 2.39	Grant of one or more ratings on a CASR Part 66 Licence upon CASA assessment of Australian Defence Force rating - processing and consideration of application (per category)  Categories x _____ * (\$260/Category)	\$ _____
For example, if an applicant applies for ratings against Category B1 and B2, the total cost is \$520. If the ratings are against Category B1.1 and B1.2, the total cost is \$260.		<b>Total Cost:</b> \$ _____

**Payment Options \***

- Payment made [online](#) Receipt No: \_\_\_\_\_ (CASA preferred option)  
**Attach printed receipt and do not complete remainder of this page**
- I have enclosed a Cheque or Australian Money Order (please make cheques payable to CASA)
- I am paying by credit card (provide details below)

I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my: <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/>											
Card Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											Expiry Date: ____ / ____
Card Holder Name (please print): .....	Total: \$ _____										
Signature: .....	Date: ____ / ____ / ____										

**Receipt Options \***

- Send receipt to:
- Applicant OR  Third party (provide details below)

**Details of Third Party**

Individual's or Organisation's Full Name:		
Email:		
Postal Address:		
State:	Postcode:	Country:
Contact Phone:		ARN: (if applicable)

Submit the Payment Authorisation Form (and Cheque / Money Order / Purchase Order) with the Application Form.

- **Email** [ame.licensing@casa.gov.au](mailto:ame.licensing@casa.gov.au)
- **Mail to:** CASA Licensing and Registration Centre  
CASA  
GPO Box 2005  
CANBERRA ACT 2601

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Receipt No:	Initial:	
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