Application for Aircraft Type Rating on a CASR Part 66 Licence Foreign Civil Qualifications Refer to: CASR 66.075

| CASA Stamp: | | | | | | |
|--|-----------------------------------|---|--|--|--|--|
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| IMPORTANT INFORMATION FOR | APPLICANTS | | | | | |
| 1: If you are applying for Aircraft Typ | be Ratings under the Terms of | the TTMRA, please use Form 1367. DO | | | | |
| 2: You must be licensed within the a submitting this application OR you m | | ou seek an Aircraft Type Rating before the same time. | | | | |
| 3: Payment for this application can be You must attach a copy of the receipt | | SA webpage and click the Payment button. | | | | |
| | matically update in the applica | our computer. Once the ARN has been int ARN fields on subsequent pages. CASA nically as possible. | | | | |
| 5: Please ensure your application ar documentation is provided. Incomple amendment. Fields and sections m | ete applications will not be acce | | | | | |
| Applicant Details as per Birth Cert | ificate / Passport: | Applicant ARN:* | | | | |
| Title*: | | | | | | |
| Family Name*: | | | | | | |
| Given Names*: | | | | | | |
| Date of Birth*: | | | | | | |
| 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 <i>Privacy Act 1988</i> (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 <i>Civil Aviation Act 1988</i> , the <i>Airspace Act 2007</i> , the <i>Aviation Transport Security Act 2004</i> or the regulations made under those Acts. For full details on how CASA collects, protects and uses personal information, please refer to <u>CASA's Privacy Policy</u> . | | | | | | |
| Section A: Eligibility Criteria | * | | | | | |
| 1. Validity of Qualifications Refer | CASR 66.085 and 66.090 | | | | | |
| | in the 2 years immediately bef | the privileges under the foreign licence ore making this application, or gained at | | | | |
| Have your Foreign Licence and Comp | pany Authorisations expired? | | | | | |
| Yes Please ente | er expiry / cessation date: | _// | | | | |
| ☐ No | | | | | | |
| | | | | | | |

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| ARN: |
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2. Verification from National Airworthiness Authority (NAA)

| ensure qualifications we | requirement that licences/authorisations be verified with the NAA departments to re not cancelled or revoked. The applicable issuing body may charge certain fees for sts. Please enquire and pay and applicable fees prior to submitting this application. | | | | | |
|--|---|--|--|--|--|--|
| Have you requested ver | ification from the NAA who issued your foreign licence? | | | | | |
| Yes | | | | | | |
| No – Application r | nay be refused. | | | | | |
| 3. Australian CASR Pa | ırt 66 Licence | | | | | |
| Note: See the CASA w | ebsite, www.casa.gov.au for further information on applications for Categories. | | | | | |
| Do you hold an Australia Type Ratings will apply? | an CASR Part 66 Licence in the related Category/subcategory for which the Aircraft | | | | | |
| Yes – Please ense | ure you have included the following documentation with your application: | | | | | |
| | d true copies of foreign licence and Company Authorisations endorsed with the relevant Type Ratings. | | | | | |
| | e of exercising the privileges of the licence or authorisation for at least 6 months in the immediately before making this application. | | | | | |
| No – I am applying | g for the Category/subcategory at the same time and have completed Form 544. | | | | | |
| | vill be refused. You must hold an Australian CASR Part 66 Licence in the relevant plying for the Category at the same time as applying for Aircraft Type Ratings. | | | | | |
| 4. Medically Significar | nt Conditions Refer to CASR 66.080(1) | | | | | |
| Note: In accordance wi to submit it again. | th CASR Part 11, if you have previously supplied documentation, you are not required | | | | | |
| Do you have a medically | significant condition (as described in CASR 67.010) that is safety-relevant? | | | | | |
| Yes – Please atta | ch a report from a medical practitioner that describes the condition. | | | | | |
| Yes – I have previ | ously submitted documentation to CASA MPL and received acknowledgement of | | | | | |
| receipt by CASA. | Date submitted:// | | | | | |
| ☐ No | | | | | | |
| Section B: Applica | ation Details* | | | | | |
| 1. Aircraft Type Rating | | | | | | |
| Enter Aircraft Type Ratings, as listed in AC 66-2, against each Category/subcategory, as appropriate (attach | | | | | | |
| separate page if require | | | | | | |
| Note: Aircraft Type Rat | Note: Aircraft Type Ratings may only be applied to the B1.1, B1.2, B1.3, B2 and C Categories/subcategories. | | | | | |
| Category/Subcategory | Aircraft Type Rating(s) | | | | | |
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| Application for Aircraft Type Rating |
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| on a CASR Part 66 Licence |
| Foreign Civil Qualifications |

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

| Contacted NAA regarding verification of licence |
|---|
| Certified true copy of Foreign Licence and Company Authorisations attached |
| Evidence of exercising the privileges of the licence |
| Report from medical practitioner detailing all medically significant conditions attached OR |
| Not applicable |
| Application form signed and fully completed (including ARN entered on each page) |
| Payment made online and receipt attached OR |
| 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: | / / | 1 |
|------------|-------|-----|---|

| ARN: | | | | | | | |
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Payment Authorisation

Application Fees*

| Application F | 662 | | | | | | |
|---------------------------|---|---|----------------|------------------|-----------------|-----------|--------------|
| Fee Code | | Desc | ription | | | Т | otal |
| 2.39 | Grant of one or more ratings on a CASR Part 66 Licence upon CASA assessment of a foreign rating - processing and consideration of application (per category) Categories x * (\$260/Category) | | | | \$ | | |
| | | ratings are applied for against Cate(| | | Total Cos | t: \$ | |
| Payment Opti | ions * | | | | | | |
| ☐ Payme | ent made <u>onlin</u> | e Receipt No: | | | (CASA | preferred | option) |
| | Atta | ch printed receipt and do r | not complete | remainder of t | his page | | |
| | | neque or Australian Mone card (provide details bel | | ase make che | ques payabl | e to CAS | A) |
| I hereby authorise | e the Civil Aviation | on Safety Authority to debit th | ne following a | mount from my: | MasterCa | rd 🗌 V | isa 🗌 |
| Card Number: | | | | | Expiry Date: | | / |
| Card Holder Nam | e (please print): | | | | Total: | \$ | |
| Signature: | | | | Date: | / | / | |
| Receipt Option | ns * | | | | | | |
| Send receipt to | 0: | | | | | | |
| | Applicant OF | R Third party (pr | ovide details | below) | | | |
| Details of Thi | rd Party | | | | | | |
| Individual's or Or | ganisation's Full | Name: | | | | | |
| | | | | | | | |
| Email: | | | | | | | |
| Postal Address: | | | | | | | |
| | | | | | | | |
| State: | | Postcode: | | Country: | | | |
| Contact Phone: | | | | ARN: (if applic | cable) | | |
| Submit the Paur | ment Authorica | ation Form (and Cheque / | Money Orde | r / Purchasa C | order) with the | Annlicat | ion Form |
| • Email | | @casa.gov.au | Worley Orde | i / i uicilase C | rider) with the | , дррпсат | 1011 1 01111 |
| Mail to: | | ng and Registration Centr | e | Paid Sta | mp | | |
| | CASA | | | | <u> </u> | | |
| | GPO Box 200 | 5 | | | | | |
| | CANBERRA A | ACT 2601 | | | | | |
| | | | | | | | |
| | | | Receipt No: | | Initi | al: | |