



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

This form is to be used by individuals seeking to be approved to conduct Aeronautical Radio Operator Certificate (AROC) training and assessments.

This form is also be used to request a renewal of an existing approval.

Who is this form for?

This form is for qualified and/or experienced individuals wishing to conduct AROC training and assessments.

Information needed to complete this form

A separate form is to be completed for each individual.

If you do not have an ARN, [apply for an ARN](#).

Before submitting this form, you must obtain authorisation from fcl.exams@casa.gov.au.

For more information about AROC training and assessments go to the [CASA website](#) and CASR 64.015.

Aviation Reference Number (ARN)

An ARN is required to complete this form.

If you are the applicant and 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 online using [changing your details](#) prior to lodging this form.

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.

Privacy

Any personal information you provide to CASA is protected by the Privacy Act 1988. 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 civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA's Privacy Statement](#).

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 you applying for (select all that apply)?

AROC Assessor

AROC Trainer

AROC Instrument - initial issue

AROC Instrument renewal

3 The AROC course I will be using is owned by (name of company or individual)?

Name

ARN (if available)

I have been authorised by the owner to use this AROC course

4 What qualifications or experience do you have to support this application?

Qualifications

Relevant experience

 **Attach certified copy if required**

Authorisation

5 Who in CASA has authorised you to submit this form?

Before submitting this form, you must obtain authorisation from fcl.exams@casa.gov.au.

Full name of CASA authority officer

Date of authorisation (DD/MM/YYYY)

/ /

Application checklist

6 Select all that apply:

Certified copies of qualifications are attached

CV is attached

If other please specify

Declaration

7 I declare that:

- All statements in this application are true and correct and I have read and understood all provisions of the *Civil Aviation Safety Regulations 1998* which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgment.
- I consent to CASA using and disclosing my personal information in accordance with [CASA's Privacy Statement](#) including exchanging the information with Commonwealth, state and territory government agencies.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the *Criminal Code Act 1995*.

Full name

Date (DD/MM/YYYY)

/ /



8 Application fees

Select **only one** option below

Approval of AROC course – processing and consideration –

Fee Code: 24.6 077.....\$480

AROC Instrument of Approval, renewal or an Instrument for an additional person to present a previously approved AROC course –

Fee Code: 24.6 077.....\$160

Total:

9 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 \$

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

Submitting this form to CASA



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**