



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 AircraftRegistration@casa.gov.au.

Purpose of this form

Use this form to notify CASA of the appointment and/or cancellation of a registered operator for a currently VH - registered aircraft.

Who is this form for?

This form is for:

- the registration holder: to notify of the cancellation of the appointment of the current registered operator and to notify of the appointment of a new registered operator, if required
- the registered operator: to notify of the cancellation of their appointment

Information needed to complete this form

All documents must be **provided in English**. Documents not in English must be accompanied by a certified translation.

The translation must be compiled by a translator registered with the [National Accreditation Authority for Translators & Interpreters Ltd \(NAATI\)](#) and must include the NAATI translator stamp.

The NAATI national hotline is **1300 557 470**.

Following is a list of other documents available on CASA website which you may need to read or download in order to ensure you lodge a correctly completed notification:

- [letters of authority](#)
- [proof of eligibility for registered operators – individuals](#)
- [proof of eligibility for registered operators – organisations](#)

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 notification.

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](#).

Aircraft registration

- 1** What are the **aircraft details**, as noted on the aircraft data plate and the certificate of registration?
Registration mark (VH-)

Manufacturer

Model

Serial number

Current aircraft registration holder

- 2** What are the **current aircraft registration holder** details?
Legal entity/full name

ARN

Current registered operator

- 3** What are the details of the **currently recorded registered operator**?
Legal entity/full name

ARN

- 4** What is the effective date the appointment of the **registered operator** named in question 3 was cancelled?

It must be **today** or a date **in the past** (DD/MM/YYYY)

/ /

Notification

- 5** Who is notifying the cancellation of the **registered operator** appointment?
Refer to CASR 47.100

Current aircraft registration holder

➔ **Go to 8**

Registered operator named
in question 3

➔ **Go to 6**

Registered operator

- 6** What are the **registered operator** contact details?

Phone number

Email address

Registered operator notification

- 7** Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Director

Company Secretary

CEO

President

Vice President

Agent/Other

An authority must be provided if the person making this declaration is not the individual or an office holder of the entity named in question 3.

 **Attach authority**

Nothing further is required from the registered operator if they cancelled their own appointment **No fee is applied.**

Submitting this form to CASA



By email – attach this form and all supporting documents. Send them to AircraftRegistration@casa.gov.au



By post – return this form and all supporting documents to:

CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601

8 Have you appointed another entity as the **registered operator**?

No As **you** will be the registered operator, you must be an **eligible person** → **Go to 9**

Yes → **Go to 10**

Aircraft registration holder notification

9 I declare that:

- I am the aircraft **registration holder** or representative of the registration holder named in question 2.
- I have cancelled the appointment of the **registered operator** named in question 3.
- I accept, as an 'eligible person' or on behalf of the 'eligible person' named in question 2, the position of **registered operator**, effective from the date detailed in question 4.

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Director Company Secretary

CEO President


Vice President Agent/Other


An authority must be provided if the person making this declaration is not the individual or an office holder of the entity named in question 2.

 **Attach authority**

Nothing further is required from the registered holder if no registered operator appointed. **No fee is applied.**

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New registered operator appointment

10 What are the **registered operator** details?

Legal entity/full name

ARN

Phone number

Email address

Notification checklist

11 Select all that apply:

Ensure the **registration holder** completes the checklist and **aircraft registration holder** declaration.

Letter(s) of authority is attached

If other please specify

Appointed registered operator declaration

12 I declare that:

- I am the appointed **registered operator** or representative of the registered operator named in question 10.
- I accept, as an 'eligible person' or on behalf of the 'eligible person' named in question 10, the position of **registered operator**, effective from the date detailed in question 4.
- Details in question 10 of this notice are true and correct in every particular and that I have read and understood all provisions of the *Civil Aviation Safety Regulations 1998* which are relevant to this notice.
- I understand CASA will use the currently held details to process this notice and it is my responsibility to ensure my details are correct prior to lodgement.
- 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 have attached all required documentation specified in the notification checklist.
- I acknowledge that to knowingly make a false or misleading statement in this notice is an offence against the *Criminal Code Act 1995*.

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Director	Company Secretary
CEO	President
Vice President	Agent/Other

An authority must be provided if the person making this declaration is not the individual or an office holder of the entity named in question 10.

Attach authority

If you completed this declaration, you have now completed the form as the appointed **registered operator**.

Ensure the **registration holder completes the registration holder declaration in question 13**.

Aircraft registration holder declaration

13 I declare that:

- I am the aircraft **registration holder** or representative of the registration holder named in question 2.
- I have cancelled the appointment of the **registered operator** named in question 3.
- I nominate the entity named in question 10 to be the registered operator, effective from the date of cancellation of the previous registered operator appointment, as noted in question 4.
- All statements in this notice are true and correct in every particular and that I have read and understood all provisions of the *Civil Aviation Safety Regulations 1998* which are relevant to this notice.
- I understand CASA will use the currently held details to process this notice and it is my responsibility to ensure my details are correct prior to lodgement.
- I accept that if this notice is withdrawn or refused by CASA, or if CASA is unable to complete an assessment because I have failed to provide required information, I am liable to pay CASA fees for work conducted.
- 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 have attached all required documentation specified in the notification checklist.
- I acknowledge that to knowingly make a false or misleading statement in this notice is an offence against the *Criminal Code Act 1995*.

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Director	Company Secretary
CEO	President
Vice President	Agent/Other

An authority must be provided if the person making this declaration is not the individual or an office holder of the entity named in question 2.

Attach authority

The entity paying the fee for this notice should complete the payment authorisation.

14 Application fees

Recording an aircraft registered operator, or a change in an aircraft registered operator – processing and consideration of notice.

Fee Code: 12.2.....\$65

Total:

15 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

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