



Application Aspeq special application for an Additional PEXO Exam Registrar and/or Invigilator



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 FCL.exams@casa.gov.au.

Purpose of this form

Use this form if you are an Aspeq staff member, to apply to be a Pilot Examination Office (PEXO) Registrar and/or Invigilator.

Who is this form for?

This form should be completed by **Aspeq staff only**.

Information needed to complete this form

A separate form is to be completed for each individual Aspeq staff member who is applying to be a Registrar and/or Invigilator.

If the new Registrar and/or Invigilator is replacing a previously approved person, the name and ARN of the retiring person must be provided.

Aspeq is responsible for notifying CASA of any change to the contact details of the organisation or the individuals who are approved to administer PEXO exams. All correspondence regarding PEXO exams will be sent to the current contact details, according to CASA's records.

Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You will need an ARN to complete this form.

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

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.

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

Date of birth (DD/MM/YYYY)

/ /

Phone number

Email address

2 What are you **applying** for? (Select applicable)

Registrar/Invigilator replacement ➔ [Go to 3](#)

PEXO Registrar role ➔ [Go to 4](#)

PEXO Invigilator role ➔ [Go to 4](#)

3 What are the **previous Registrar/Invigilator's** details?

Full name

ARN

4 I wish to be a PEXO exam Registrar and/or Invigilator for Aspeq

Name of venue

Phone number of venue

Address of exam venue

Unit/number

Street name

Suburb

State/territory

Postcode

Applicant declaration

5 I declare that:

- I agree to abide by the terms and conditions required by CASA in relation to the administration of PEXO exams.
- I realise that I am not permitted to be involved now, or in the foreseeable future, directly or indirectly engaged in aviation activities such as aeronautical knowledge training or flying training.
- In the event that I become aware of any impropriety occurring during the conduct of an examination, I will immediately contact Flight Crew Licensing for advice.
- I am authorised to make this application and hold the role indicated below.
- 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 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 accept 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)

/ /

In what capacity are you making this declaration?

For example: Self, Director, Agent, Executor

Aspeq recommendation

6

I declare that:

- The applicant named in question 1 in this application, to be a CASA PEXO exam Registrar and/or Invigilator for Aspeq, and certify to the best of my knowledge, that the applicant is:
 - a fit and proper person
 - not teaching aeronautical knowledge (theory) subjects at the school or elsewhere
- Accept full responsibility for the conduct of the applicant in his/her duties in relation to administration of PEXO exams at an Aspeq venue.
- To inform CASA (Flight Crew Licensing Section) immediately of any change in status of the applicant e.g. taking up teaching of aeronautical knowledge subjects at the school or elsewhere, leaving employment of Aspeq, or has demonstrated unsuitable behaviour as an examination supervisor.
- To inform CASA (Flight Crew Licensing Section) immediately when I leave Aspeq, or am no longer serving as Aspeq's Operation Manager.
- I am authorised to make this application and hold the role indicated below.
- 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 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 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*.
- The reasons for needing an additional PEXO Registrar and/or Invigilator are as follows:

 Provide additional pages if required

Full name of Aspeq Customer Service Manager

Date (DD/MM/YYYY)

/ /

ARN for billing purposes

CASA officer recommending declaration

7

I declare that:

Application recommended

Application not recommended (specify below)

 Provide additional pages if required

Full name of CASA officer

ARN of CASA officer

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: PEXO examiner, PEXO administrator

Submitting this form to CASA

Choose one option only



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



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

CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601