



# Australian Operational Colour Vision Assessment (AOCVA)

CASR 67.150(6)(c),67.155(6)(c) and Instrument 23/24



#### 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 <a href="mailto:avmed@casa.gov.au">avmed@casa.gov.au</a>.

## **Purpose of this form**

Use this form to complete an Australian Operational Colour Vision Assessment (AOCVA) with a CASA approved Flight Examiner.

### Who is this form for?

This form is for class 1 and/or 2 pilots seeking further assessment against the medical standard for colour vision, who have failed the Ishihara plates and Farnsworth Lantern tests.

#### Note:

- The **applicant** <u>must</u> complete questions **1** through to **5**
- The **examiner** <u>must</u> complete questions **6** through to **12**

## Information needed to complete this form

If the AOCVA is a retest following a previous fail assessment — the examiner must review the assessment record of the initial AOCVA assessment.

If a different examiner is completing some elements of assessment, or a different aircraft is used to complete some elements of the assessment, the applicant and examiner must complete a separate form for each of the elements. The examiner should make a comment in the element that was not assessed indicating this fact.

#### Eligibility

Please ensure that you meet the following prerequisites below to undertake AOCVA testing.

- Failed initial colour vision screening tests.
- Have not previously failed any component of AOCVA on more than one occasion.
- Hold a current CASA Class 1 or Class 2 medical certificate

## **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 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 your contact details via <u>changing your details</u>.

Full name

ARN

Phone number

Email address

#### Licence

What are the licence details?

Licence details (If held)

Experience (hours)

3 Current medical certificate(s)

No

Yes Please indicate Class type below

Class 1

Class 2

**Note:** An applicant must have a current medical certificate when conducting AOCVA.

4 Corrective lenses used?

Colour vision corrective lenses are not to be used for any CVD assessment including the AOCVA. If refractive lenses are required for the Medical Certificate, they must be worn for the AOCVA.

No

Yes

This area has been intentionally left blank



## **Applicant declaration**

#### 5 I declare:

• All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

#### **Privacy**

Any personal information you provide to CASA, as part of this application, is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our <u>privacy statement</u> and privacy policy.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Signature

Date (DD/MM/YYYY)

Full name

This area has been intentionally left blank

## Flight examiner to complete from question 6 to 12

## **6 Ground Component**

#### 6.1 Aeronautical charts

On the ground, the applicant must read and correctly interpret in a timely manner aeronautical charts. This must include:

Text

Symbology

Terrain markings

Airspace markings

#### 6.2 Flight instruments and displays

On the ground, the applicant must read and correctly interpret in a timely manner aircraft instrumentation and displays. Depending on aircraft instrumentation configuration, this may include:

Airspeed indicator (ASI)

Attitude indicator (AI)

RPM gauge

**EFIS** 

Caution and warning lights

#### **6.3** Examiner confirmation

I confirm that the applicant has satisfactorily completed the Ground Component of the AOCVA.

No Refer to AOCVA Flight Examiner Handbook (FEH) on how to proceed

Yes

Comments

## 7 Flight Component – General

7.1 What are the aircraft details?

Registration mark (VH-)

Aircraft type

#### 7.2 What was the assessment duration?

Duration of pre-flight briefing and post-flight debrief

Duration of aircraft time (total of ground and airborne time)

#### 7.3 Daylight Elements

The applicant must demonstrate satisfactory and safe recognition in the daytime of the following lights, markers and features:

Aerodrome holding points

Aerodrome taxiway signs

Taxiway centreline

Aerodrome runway markings

Description of emergency landing field features

#### 7.4 Night Elements

The applicant must demonstrate satisfactory and safe recognition of the following lights and markers:

Taxiway lights

Holding point lights

Runway edge

Runway ends

Runway centreline

Runway touchdown zone

Taxiway lead-off lights

Lights of other aircraft including direction of travel

Obstacle markings and lighting

Airport beacons

#### **7.5** Examiner confirmation

I confirm that the applicant has satisfactorily completed the Flight Component - General of the AOCVA.

No Refer to **AOCVA FEH** on how to proceed

Yes

Comments

## 8 Flight Component - PAPI

8.1 PAPI signals

The applicant must demonstrate satisfactory and safe performance of the following tests

Note: Run 1 of the Flight Component — PAPI is not assessable

Run 2	<u>Run 3</u>	Run 4	<u>Run 5</u>
No	No	No	No
Yes	Yes	Yes	Yes

If a no is recorded in Run 2-5, the test is terminated at that point and the result is recorded as a fail for Flight Component - PAPI

**8.2** Examiner confirmation

I confirm that the applicant has satisfactorily completed the Flight Component - PAPI of the AOCVA.

No Refer to **AOCVA FEH** on how to proceed

Yes

Comments

## **Summary of performance**

Has the applicant passed all 3 components (Ground Component, Flight Component - General and Flight Component - PAPI)?

No

Yes

## Additional applicant checks

1 Have you checked that the applicant:

has a basic level of exposure and understanding of the operational environment in daylight and night conditions prior to undertaking the AOCVA

shall hold a current CASA Class 1 or Class 2 medical certificate

#### **Examiner**

11 What are the **examiner** details?

Full name

ARN

Phone number

Email address



#### **Examiner declaration**

#### 12 I declare:

All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

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Signature

Full name

Date (DD/MM/YYYY)

## **Submitting this form to CASA**

#### **OPTION 1** By email



Send this form with all supporting documents attached to <a href="mailto:avmed@casa.gov.au">avmed@casa.gov.au</a>

#### **OPTION 2** By post



Return this form and all supporting documents to:

CASA Client Services Centre GPO Box 2005 Canberra ACT 2601