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Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to avmed@casa.gov.au.

Purpose of this form

Use this form to give CASA the authority to release medical information and documents to nominated individuals or organisations upon their request.

Who is this form for?

This form is for individuals who are required or want to share medical information to nominated individuals or organisations.

Information needed to complete this form

If you are completing this authority as an agent, you must have an ARN and provide a Power of Attorney.

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](#).

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 prior to lodging this form. You can do this by [changing your details](#) on the CASA website.

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](#).

Authoriser

1 What are the **authoriser's** details?

Your contact details must be current. Update your contact details via [changing your details](#).

Full name

ARN

Phone number

Email address

2 I, the undersigned, hereby authorise the Civil Aviation Safety Authority (CASA) to release the information and/or documents selected below to my nominated organisation(s) identified at question 3:

This authority allows CASA to release the information and/or documents you select below when it is requested by your nominated organisation(s). This is not an application for CASA to send information to them. The information will only be sent once it has been requested by the organisation.

If you need verification of your flight crew licence to be sent to a foreign national aviation authority you must complete a CASA 'Flight Crew Licence Verification' (Form 452).

Only details about the currency of my medical certificate and/or current application

My ARN

My current Aviation Medical Certificate including any medical information or documents held by CASA about me

Details of any suspensions/cancellations of my CASA Medical Certificate and any enforcement action brought against me by CASA

Other

If other please specify

Individual or organisation(s)

3 What are **your nominated individual or organisation(s)** details?

Individual or organisation one:

Individual or organisation name

Contact person's name

Phone number

Email address

Fax number

Individual or organisation two:

Individual or organisation name

Contact person's name

Phone number

Email address

Fax number

4 How long will the authority be in effect?

This authority remains in effect for a period of 12 months or until the date below. Enter the date if the period is less than 12 months.

Date (DD/MM/YYYY)

/ /

Authority checklist

5 Select all that apply:

Proof of Power of Attorney is attached

If other please specify

6 I declare:

- All statements in this authority are true and correct.

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

- If I am signing this authority as an agent, I have obtained the necessary Power of Attorney authorising me to sign on behalf of the applicant.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my authority.
- 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 authority, is protected by the *Privacy Act 1988*.

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

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 [privacy statement](#) 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 authority in accordance with that policy.

Full name

Date (DD/MM/YYYY)

/ /

Role authority

7 In what capacity are you making this declaration?

Self

Agent

Other, please specify:

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 1.

 **Attach authority**

Submitting this form to CASA

OPTION 1 By email



Send this form with all supporting documents attached to avmed@casa.gov.au

OPTION 2 By post



Return this form and all supporting documents to:

Aviation Medicine
GPO Box 2005
Canberra ACT 2601