



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 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 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](#).

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

Declaration

- 6** I declare that:
- 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.
 - All statements in this authority are true and correct and I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this authority.
 - I understand CASA will use the currently held details to process this authority 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 have attached all required documentation specified in the authority checklist.
 - I acknowledge that to knowingly make a false or misleading statement in this authority is an offence against the *Criminal Code Act 1995 (Cth)*.

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Agent

Submitting this form to CASA



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



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

Aviation Medicine
GPO Box 2005
Canberra ACT 2601