



# Application

## Report request

### Flight Crew Qualifications



#### 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 [applications@casa.gov.au](mailto:applications@casa.gov.au).

### Purpose of this form

Use this form to obtain one or more of the following reports:

- Examination and Assessment report for Flight Crew Licence qualifications
- A replacement of a lost or destroyed Knowledge Deficiency Report (KDR) from sitting an aeronautical knowledge examination

### Who is this form for?

This form is for the holder of a current Pilot Licence needing **one or more of the above reports**.

Use the [Licence Reprint application form](#) if you need a reprint of your **existing licence**.

### Information needed to complete this form

Please ensure your application is completed correctly. **Incomplete applications will not be accepted** and will be returned to you for amendment. All fields are mandatory.

CASA may request a new application with further payment if you are missing qualifications on the report.

**KDR(s) will be emailed.** Ensure that your email address is correct before submitting this form.

### Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

### 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](#).

## Applicant

### 1 What are the **applicant** details?

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

Legal entity/full name

ARN

Phone number

Email address

## Report request

### 2 What report(s) are you requesting (select all that apply)?

Cost(s) will be automatically tallied on the payment page.  
Use the [Licence Reprint application form](#) if you need a reprint of your **existing licence**.

Examination & Assessment Report (full history of theory exams).....**\$25**

Replacement of a Knowledge Deficiency Report(s) from sitting aeronautical examinations for replacement of lost or destroyed KDRs - preparation and delivery.

**Note: Where multiple KDRs are required within one "group", only one payment of \$65 is required.**

e.g. within the CPL exam group, CWLA and CFPA

See [Pre-qualifications for pilot exams](#) for full listing of exam codes.

Reprint of individual exam result(s) (KDR) for **RPL and/or PPL exams only**.....**\$65**

List the required KDR exam code(s) e.g. RPLA or PPLH.

Reprint of individual exam result (KDR) for **CPL exams only**.....**\$65**

List the required KDR exam code(s) e.g. CMET, CNAV or CHUF.

## 2 continued

Reprint of individual exam result (KDR) for **ATPL exams only**.....**\$65**  
List the required KDR exam code(s) e.g. AALW, ANAV or AMET.

Reprint of individual KDR(s) for **other exams**.....**\$65**  
List the required KDR exam code(s) e.g. IREX, PIRC, PIFR, ReB1, AGRA or AGRH.

## Declaration

### 3 I declare:

- All statements in this notice are true and correct.

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

- This satisfies the requirement for me to sign 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 [privacy statement](#) and [privacy policy](#).

#### Fees

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- 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.

Full name

Date (DD/MM/YYYY)

/ /



## Payment authorisation

ARN

### 4 Application fees

Examination & Assessment Report - (full history of theory exams)

**Fee Code: 24.4.....\$25**

RPL and/or PPL exams only - **Fee Code: 24.6 036.....\$65**

CPL exams only - **Fee Code: 24.6 036.....\$65**

ATPL exams only - **Fee Code: 24.6 036.....\$65**

Other exams only - **Fee Code: 24.6 036.....\$65**

**Total:**

### 5 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

### Submitting this form to CASA



By email – send this form with all supporting documents attached to [applications@casa.gov.au](mailto:applications@casa.gov.au)



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

**CASA Client Services Centre  
GPO Box 2005  
Canberra ACT 2601**