



Application by HOO of a Flying School to conduct PEXO exams

RPL and PPL Theory (including PIFR Exam)

Purpose of this form

Use this form to apply to be the principal PEXO exam Registrar and Invigilator for a flying school or training organisation.

Who is this form for?

This form should be completed by the Head of Operations (HOO) of a flying school or training organisation when they want to initially commence conducting PEXO exams or want to conduct PEXO exams at a new location.

Information needed to complete this form

The approval requested must be appropriate for the training conducted under the company training AOC or training Approval Certificate.

The HOO is responsible for the overall management of the conduct of PEXO exams and the management of all Registrars and Invigilators at the flying school/training organisation.

The HOO of the flying school or training organisation 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.

If the HOO ceases to be employed by the flying school/training organisation, they must advise CASA.

If additional Registrar(s) and/or Invigilator(s) are required, please complete, 'Additional PEXO exam Registrar and/or Invigilator' (Form 1355) for each additional individual.



We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly

Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➔ Go to' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✗
- if you see '➔ Go to' go to the question number shown, you do not need to answer the questions in between

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](#).

If you are applying on behalf of an organisation, you need to provide the organisation's ARN and have authority to act on behalf of the entity.

Contact details

CASA will use the currently held contact details linked to your ARN profile.

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 (Cth). 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 Privacy Policy](#).

For more information

Go to the [CASA website](#) or call us on 131 757.

Applicant

1 What are the **applicant** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Legal entity/full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Contact number

Email address

2 What are you **applying** for (select one)?

New HOO and
new organisation

New location for an
existing organisation

New HOO for an
existing organisation

3 What are the details of the **previous HOO**?

Full name of previous HOO

ARN of previous HOO

4 As the HOO I wish to conduct PEXO exams for the following flying school/training organisation

Name of school/organisation

ARN of school/organisation (for billing purposes)

4 Continued

Address of exam venue

Unit/number

Street name

Suburb

State/territory

Postcode

Owner of Billing ARN (select one)

Self

Company

Contact number of school/organisation

Email address of school/organisation

Company training AOC or approval certificate number

Date of issue (DD/MM/YYYY)

/ /

5 Which exams are you requesting?

Exams requested need to be relevant to the training approved for the organisation.

RPLA

RPLH

RPLN

PPLA

PPLH

PIFR

Application checklist

6 Are you attaching any documents to this application?

Applicant declaration

7 I declare that:

- As principal PEXO officer for this organisation, I agree to abide by the terms and conditions required by CASA in relation to the conduct and supervision of PEXO exams.
- 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 will ensure that all PEXO exams are conducted in accordance with the requirements specified in the 'CASA-PEXO Registrars & Invigilators Handbook'.
- I am authorised to make this application and hold the role indicated below.
- All statements in this application are true and correct in every particular and that 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 Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I accept that 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 \(Cth\)](#).

Full name of HOO

Signature of HOO

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Director

CASA FOI Recommendation

This section **must be completed** prior to submission to FCL.

8 The training approved for this organisation includes:

- Aeroplane
- Helicopter
- VFR Training
- Instrument Training

9 I have completed a physical inspection of the proposed 'exam facility' at the above address and am satisfied that the following points have been considered

Adequate safety for the occupants (ohs)

Adequate lighting

Adequate ventilation and heating/cooling

An environment free from unacceptable noise levels, distractions and non-exam activity

Access to the room(s) may be controlled whilst exams are in progress

A separate desk for each candidate, but not smaller than 1350 x 750 mm

A minimum of 1.5m between the sides of any adjacent monitors

Each individual computer has a uninterruptible power supply (UPS)

Have flat screen (non-CRT) monitors at least 15-inch in screen size

Comfortable seating for candidates

Clean toilet facilities nearby

Table and chair for the supervisor

General security aspects are satisfactory

If not satisfactory, state reason

Application recommended

Application not recommended (specify below)

 **Attach additional pages if required**

FOIs name

ARN

Signature

Date (DD/MM/YYYY)

/ /

FCL Exams Section

10 I declare that.

Application recommended

Application not recommended (specify below)

Attach additional pages if required

Date entered into PEXO (DD/MM/YYYY)

/ /

Date instructions sent to applicant (DD/MM/YYYY)

/ /

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: PEXO examiner, PEXO administrator

Returning your form



By email – attach this form and all supporting documents.
Send them to FCL.exams@casa.gov.au



By post – return this form and all supporting documents to:
CASA Flight Crew Licensing
GPO Box 2005
Canberra ACT 2601