



# Aspeq special application for an Additional PEXO Exam Registrar and/or Invigilator

## Purpose of this form

Use this form to apply to be a PEXO Registrar and/or Invigilator if you are an Aspeq staff member.

## Who is this form for?

This form should be completed by **Aspeq staff only**.

## Information needed to complete this form

A separate form is to be completed for each individual Aspeq staff member who is applying to be a Registrar or Invigilator.

If the new Registrar or Invigilator is replacing a previously approved person, the name and ARN of the retiring person must be provided.

Aspeq 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.



**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](#).

## 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](#).

Full name

ARN

Date of birth (DD/MM/YYYY)

/ /

Contact number

Email address

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

PEXO Registrar role

PEXO Invigilator role

Registrar and Invigilator roles

Registrar/Invigilator replacement

### 3 What are the **previous Registrar/Invigilator's** details?

Full name

ARN

### 4 I wish to be a PEXO exam Registrar and/or Invigilator for Aspeq Name of venue

Contact number of venue

#### Address of exam venue

Unit/number

Street name

Suburb

State/territory

Postcode

## Application checklist

### 5 Are you attaching any documents to this application?

## Applicant declaration

### 6 I declare that:

- I agree to abide by the terms and conditions required by CASA in relation to the administration of PEXO exams.
- I realise that I am not permitted to be involved now, or in the foreseeable future, directly or indirectly engaged in aviation activities such as aeronautical knowledge training or flying training.
- 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 am authorised to make this application/notice/authority 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 applications 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

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

**For example:** Self, Director

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 4.

 **Attach authority**

## Aspeq recommendation

7 I declare that:

- The applicant named in question 1 in this application, to be a CASA PEXO exam Registrar and/or Invigilator for Aspeq, and certify to the best of my knowledge, that the applicant is  
a fit and proper person  
not teaching aeronautical knowledge (theory) subjects at the school or elsewhere
- Accept full responsibility for the conduct of the applicant in his/her duties in relation to administration of PEXO exams at an Aspeq venue.
- To inform CASA (Flight Crew Licensing Section) immediately of any change in status of the applicant e.g. taking up teaching of aeronautical knowledge subjects at the school or elsewhere, leaving employment of Aspeq, or has demonstrated unsuitable behaviour as an examination supervisor.
- To inform CASA (Flight Crew Licensing Section) immediately when I leave Aspeq, or am no longer serving as Aspeq's Operation Manager.
- 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 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 acknowledge that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).
- The reasons for needing an additional PEXO Registrar and/or Invigilator are as follows:

### Attach additional pages if required

Full name of Aspeq Customer Service Manager

Signature of Aspeq Customer Service Manager

Date (DD/MM/YYYY)

/ /

## 7 Continued

ARN for billing purposes

In what capacity are you making this declaration?

**For example:** Self, Director

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 4.

### Attach authority

## CASA officer recommending declaration

8 I declare that:

Application recommended

Application not recommended (specify below)

### Attach additional pages if required

Full name of CASA officer

ARN of CASA officer

Signature of CASA officer

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](mailto: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**