

Aviation Identification (AVID) (Aviation Security Status Check)

Initial issue or renewal

Reg 6.56 Aviation Transport Security Regulations 2005

This form is now available online

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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 applications@casa.gov.au.

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Purpose of this form

Use this form to apply to CASA for an AVID (aviation security status check).

Who is this form for?

This form is for holders or applicants of an Australian Flight Crew Licence (FCL) to request an AVID (aviation security status check).

Information needed to complete this form

Successful applicants of an aviation security status check will receive a confirmation letter advising their security status is not adverse.

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 online using <u>changing your details</u> 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.

For more information

Go to the CASA website or contact us.

Applicant

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

Phone number

Email address

Country of birth

State/territory of birth

Town/city of birth

Australian drivers licence number (if applicable)

Issuing state of Australian drivers licence (if applicable)

What are you applying for (select one)?

Initial AVID

→ Go to 3

Renewal of AVID

→ Go to 5

Do you hold an Australian Flight Crew Licence (FCL)?

No

→ Go to 4

Yes

→ Go to 5

Have you applied for an Australian FCL?

You must apply for FCL prior to or at the same time No

as AVID

→ Go to 5 Yes

Have you been known by any other names?

No

→ Go to 7

Yes

→ Go to 6

What are the **previous name** details?

Family names – also known as (alias)

Given names – also known as (alias)

Previous family name

Previous given name

Attach certified documentation if required

7 Are you an Australian citizen?

No

→ Go to 8

Yes

→ Go to 9

8 What are your details?

> Applicants who are not Australian citizens must undergo an immigration check. Complete all below that are applicable.

Passport country of issue

Passport number

Immigration visa number

Visa type

Proof of identification

What proof of identification are you providing?

A minimum of 100 points of identification must be provided with the application.

You must include at least one primary document. If your documents have different names you will need to provide evidence of a **name change** in addition to your other documents (e.g. Change of Name certificate issued by a state or territory). All documents must be certified/ notarised.

Primary documents Points worth Australian Passport (current or expired Foreign Passport (current)......70 Full Birth Certificate (not extract, Australian or foreign) 70 Australian Citizenship Certificate......70

9 Continued

| Certificate of Identity issued by the | |
|---|------|
| Australian Government to refugees and | |
| non-Australian citizens for entry to Australia | . 70 |
| Australian Driver's Licence or Learner's Permit | . 40 |
| Current (Australian) Tertiary Student Identification Card | . 40 |
| Photo identification card issued for Australian regulatory purposes (e.g. Aviation/Maritime | |
| security identification, security industry) | . 40 |
| Government employee ID | |
| (Australian Federal/State/Territory) | . 40 |
| Defence Force Identity Card (with photo or signature) | . 40 |

| Secondary documents | Points worth |
|---|--------------|
| Medicare card | 40 |
| Department of Veterans Affairs (DVA) card | 40 |
| Centrelink card (with reference number) | 40 |
| Birth Certificate Extract (Australian or foreign) | 25 |
| Birth card (NSW BDM only) | 25 |
| Australian Marriage Certificate (Registry issue on | ly) 25 |
| Australian Divorce Certificate (Registry issue only | y)25 |
| Change of name certificate (Registry issue only). | 25 |
| Credit card or account card | 25 |
| Bank statement | 25 |
| Taxation assessment notice | 25 |
| Australian mortgage documents | 25 |
| Property lease agreement – current address | 25 |
| Rating authority (e.g. Land Rates) | 25 |
| Utility bill (e.g. electricity, gas, telephone | |
| that is less than 12 months old) | 25 |
| Reference from Indigenous Organisation | 25 |
| Documents issued outside Australia | |
| (equivalent to Australian documents) Must have official translation attached | 25 |
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Total



Attach certified documents

Address history

10 What are all of the permanent residential addresses you have had for the past ten years?

If actual dates are unavailable, enter details of year of residence.

Current address

Unit number

Street number

Street name

Street type (must be full word - e.g. road, place, drive, street)

Suburb

Postcode (Australian addresses only)

City (must complete for overseas addresses only)

State/territory (Australian addresses only)

Country (if not Australia)

Start date (DD/MM/YYYY)

End date (DD/MM/YYYY)

Previous address

Unit number

Street number

Street name

Street type (must be full word - e.g. road, place, drive, street)

Suburb

| 10 Continued | 10 Continued |
|---|--|
| Postcode (Australian addresses only) | Address 4 |
| | Unit number |
| City (must complete for overseas addresses only) | |
| City (must complete for overseas addresses only) | Street number |
| | |
| State/territory (Australian addresses only) | |
| | Street name |
| Country (if not Australia) | |
| | Street type (must be full word - e.g. road, place, drive, street) |
| Ctart data (DD/MM/VVVV) | |
| Start date (DD/MM/YYYY) | Suburb |
| 1 1 | |
| End date (DD/MM/YYYY) | Danton de (Australian addusana anh.) |
| 1 | Postcode (Australian addresses only) |
| | |
| Address 3 | City (must complete for overseas addresses only) |
| Unit number | |
| | State/territory (Australian addresses only) |
| Street number | ,, (|
| Street number | Country (if not Australia) |
| | Country (if not Australia) |
| Street name | |
| | Start date (DD/MM/YYYY) |
| Street type (must be full word - e.g. road, place, drive, street) | 1 |
| 31 (| End date (DD/MM/YYYY) |
| | |
| Suburb | , |
| | Attach additional pages if required |
| Postcode (Australian addresses only) | |
| | Charges, convictions and penalties |
| City (must complete for overseas addresses only) | |
| only (must complete for overseus addresses only) | 11 Are you the subject of any criminal or traffic charge(s) still pending? |
| | No |
| State/territory (Australian addresses only) | Yes |
| | |
| Country (if not Australia) | 10 De you have any conviction(a) or finding(a) of quilt which are |
| | 12 Do you have any conviction(s) or finding(s) of guilt which are less than ten (10) years old, or any juvenile conviction(s) or |
| Start date (DD/MM/YYYY) | finding(s) of guilt which are less than five (5) years old? |
| | No |
| 1 | Yes |
| End date (DD/MM/YYYY) | |

Do you have any conviction(s) or finding(s) of guilt which are over ten (10) years old, or five (5) years for juvenile conviction(s) or finding(s) of guilt where the sentence imposed was **less** than thirty (30) months imprisonment for offences of the type(s) mentioned at (i) on page 15 (i.e. offences for which an exclusion has been granted)?

No

Yes

14 Do you have any conviction(s) or finding(s) of guilt which are over ten (10) years old, (or five (5) years for juvenile conviction(s) or finding(s) of guilt where the sentence imposed was **greater** than thirty (30) months imprisonment?

No

Yes

15 If you answered **yes** to **any** of questions **11** to **14**, you must provide details below.

Include dates, actions, charges, convictions and imprisonment in Australia and overseas.

Attach additional pages if required

Application checklist

16 Select all that apply:

Change of name documentation (if applicable)

Certified/notarised proof of identity documents worth 100 points

Details of any convictions, penalties, and pending charges, relevant to this application

If other please specify

This area has been intentionally left blank



17 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 am aware exclusions from spent convictions legislation may apply to some categories of National Police Checks (NPC).
- Any information provided in this application or disclosed by the police as a result of the records check may be taken into account by CASA in determining whether I have an adverse Aviation Security Status.
- If I hold an Australian FCL and am convicted of an aviationsecurity relevant offence, it is a criminal offence not to tell CASA in writing within 7 days of that conviction.
- Only details contained in this application or on attachments signed by me will be checked and that should I subsequently require further names and/or details to be checked then I will be required to submit a new application and payment.
- 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 <u>privacy statement</u> and <u>privacy policy</u>.

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)

The information you provide on this form and which the police provide to CASA on receipt of the form, will be used only for the purpose stated in the guidance material of this form unless statutory obligations require otherwise.

Submitting this form to CASA

Choose one option only



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



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

CASA Client Services Centre GPO Box 2005 Canberra ACT 2601

Continue to payment page



18 Application fees

Select **only one** option below

AVID initial issue (CASA fee \$54 + other agencies fees \$96)

Fee Code: 5.2.1....\$150

Total:

19 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 <u>Secure payment gateway</u>. After making a payment, enter the online receipt number below.

Provide the online receipt number below;

| | | | | ^ | | |
|---|-----|-----|---|-------|------|------|
| n | PTI | M N | | ('rac | lit. | card |
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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