



### 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 submit a recent photograph to CASA.

## Who is this form for?

Applicants applying for a flight crew licence, but have not lodged a photo with CASA within the last 10 years.

Refer to CASR 61.155

## Information needed to complete this form

A certified photo submitted to CASA must show your full face, head and shoulders. The photo must be taken not earlier than 6 months before the date of submission.

Check that all required questions are answered and that the form is signed and dated.

## Who can certify your photo

- Any person who is entitled to witness an Australian Commonwealth Statutory Declaration such as a Notary public, Nurse or Justice of the Peace (see [complete list](#) on CASA's website)
- A CASA delegate or employee;
- A CASA appointed Designated Aviation Medical Examiner or Designated Aviation Ophthalmologist.

## 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 and applicant details based on your ARN to process 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 (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 Statement](#).

## 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

Contact number

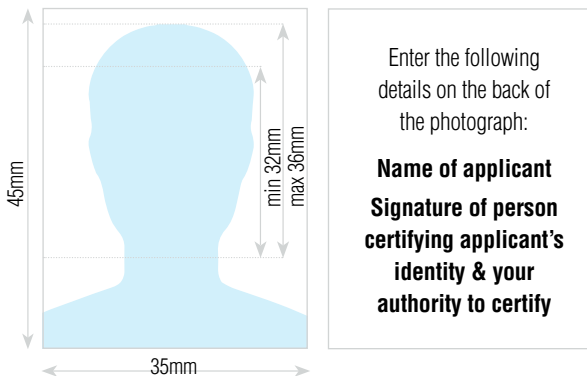
Email address

## Photo identification

### 2 You are required to supply CASA with a **certified** and **current** photo.

Secure a certified, passport quality photo in the space below. Use sticky tape (low grade adhesive tape). Do **not** use staples or glues.

The diagram below shows the area the face should take up and how the photograph should be certified.



This photo can be sent to CASA by email provided the original hardcopy arrives within 30 days. The licence will need to be returned if original hardcopy is not received.

## Applicant declaration

### 3 I declare that:

- I acknowledge that my photograph is my personal information in accordance with the Privacy Act 1988 (Cth).
- I consent to CASA using and disclosing my personal information in accordance with its [privacy statement](#).
- I acknowledge that my photograph will be stored on CASA's licensing and medical portals.
- I consent to my DAME accessing my photograph to verify my identity when performing a medical exam of me.
- I acknowledge that my photograph can be accessed by any authorised CASA personnel.
- I acknowledge that my photograph may be displayed on any flight crew license issued to me.

Full name

Signature

Date (DD/MM/YYYY)

/ /

## Declaration of person certifying identity

**4** I declare that the photograph attached to this form, which I have certified, is a true likeness of the applicant.

The declaration is completed by the person certifying identity.

Full name

Signature

Date (DD/MM/YYYY)

/ /

Contact number

In what capacity are you making this declaration?

**For example:** Justice of the Peace, Nurse, Pharmacist, Notary public

Official seal/stamp

## Returning your form



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

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