



Private Pilot (Balloon) Permit English Language Proficiency and Medical Declarations

CAO 95.54

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Download this form before you begin

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.

Purpose of this form

Use this form to submit English Language Proficiency and medical declarations.

Who is this form for?

This form is required for individuals who have submitted an application for either the Private Pilot (Balloon) Permit or Student Pilot (Balloon) Permit.

Information needed to complete this form

- If you have a current CASA issued medical, you are not required to complete the self-declaration of medical fitness.
- If using a Medical Practitioners Certificate of Fitness, it must be signed by a doctor.
- If under 18, a parent or guardian must sign the medical declaration.

Aviation Reference Number (ARN)

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

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

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](#).

Full name

ARN

Phone number

Email address

English Language Proficiency Applicant Declaration

2 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.
- I have sufficient verbal and written proficiency in the English language to communicate as required in Australia including operating a radio to send and receive audio messages, reading weather and NOTAM information and reading maps as may be required for ballooning.

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](#).

Declaration continued

- 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)

/ /

Medical Declarations

Self-declaration of physical fitness

If you have a current CASA issued medical, you are not required to fill the section below.

3 In the absence of a CASA issued medical, you are fit to fly a hot air balloon, provided you do not select any of the conditions below.

Select all that apply to you:

Epilepsy	Fits
Severe Head Injury	Recurring Fainting
Giddiness	Blackouts
Abnormally high blood pressure or previous Heart Disease	I am taking Insulin for the control of Diabetes

This area has been intentionally left blank

4 Did you select any of the conditions in question 3?

No ➔ **Go to 5**

Yes The following section needs to be completed and signed by a doctor

How do you know the applicant?

I am the applicant's GP

I am a CASA designated Medical Examiner

I certify that I have examined the applicant named on question 1 and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from:

Flying a balloon with another pilot

Flying solo in a balloon

Carrying passengers in a balloon

Remarks

Doctor's Full name

Date (DD/MM/YYYY)

/ /

Applicant Medical Declaration

5 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

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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:

Declaration continued

- 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](#).

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information (including health 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.

Note: Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit to fly.

Note: If you wear prescription lenses you should carry a spare pair easily accessible in flight.

Full name

Date (DD/MM/YYYY)

/ /

I am under 18 years

Full name of parent or guardian

Submitting this form to CASA



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