



## 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 [flighttesting@casa.gov.au](mailto:flighttesting@casa.gov.au).

## Purpose of this form

Use this form to apply to the CASA Flight Testing Office for CASR 61.040 authorisation to conduct Examiner Proficiency Checks (EPCs) in accordance with regulation 61.1285 (5)(b).

## Who is this form for?

This form is for existing Flight Examiner Rating holders who wish to be authorised to conduct Examiner Proficiency Checks for other Flight Examiner Rating holders.

## Information needed to complete this form

Provide your details, as well as declare that you meet the pre-requisite requirements.

## 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, ABN and ACN 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 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

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## Experience and Qualifications

### 2 Applicants **must** hold below experience and qualifications:

Hold a Flight Examiner Rating and meet Part 61 requirements to exercise its privileges

Hold the Flight Instructor Rating Flight Test Endorsement

Have completed 1 EPC (as applicant)

Have completed 12 helicopter or 24 aeroplane flight test activities within the previous 24 months

Have a history of compliance with the Flight Examiner Handbook and other aviation regulations

## Declaration

### 3 I declare that:

- 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 Statement](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
- 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

Signature

Date (DD/MM/YYYY)

/ /

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## Returning your form



By email – attach this form and all supporting documents. Send them to [flighttesting@casa.gov.au](mailto:flighttesting@casa.gov.au)

## Payment authorisation

### Application fees

Please select the required fees in this application, the total will be automatically tallied in the next column.

**Fee Code: 24.17 \$400** – Preparation and provision of advice, guidance, data, materials or programs on any matter related to aviation safety for which a person applies and for which no other fee is payable under this Schedule — processing and consideration of application.

### Payment

#### Credit card

I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from my:

|            |                                |                   |
|------------|--------------------------------|-------------------|
| Mastercard | Card number                    | Expiry (MM/YY)    |
| Visa       | Cardholder name (please print) | CVV               |
| Total      | 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 | Contact number |

### Submitting this form to CASA

 By email – attach this form and all supporting documents.  
Send them to [flighttesting@casa.gov.au](mailto:flighttesting@casa.gov.au)