



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.

Purpose of this form

Use this form if you are a required person, who is not the submitter of an application or notification to CASA, to declare and confirm your involvement in the application or notification that is lodged by another person.

This form should be attached to the related application.

Who is this form for?

This form is for required parties who are involved in an application or notification to CASA that is lodged by another party.

Information needed to complete this form

You will need your ARN and information about the application or notification that is related to this declaration.

You do not need to provide your details in this form if you are the person submitting the application through myCASA.

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](#).

I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this notice:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my notice.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.
- I am a required party to the relevant application being submitted along with this form.
- I have reviewed the information relevant to myself in the application being submitted.
- I confirm my involvement in the relevant application.

Privacy

Any personal information you provide to CASA, as part of this notice, is protected by the *Privacy Act 1988*.

We will use the information provided to process this notice and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your notice.

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](#).

I accept if this notice is withdrawn or refused by CASA, or if CASA is unable to assess this notice 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 notice in accordance with that policy.

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Applicant

Delegate

Examiner

Authorised person

Other

If other, specify below:

(Optional)

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Applicant

Delegate

Examiner

Authorised person

Other

If other, specify below:

(Optional)

Full name

ARN

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

Applicant Delegate

Examiner Authorised person

Other

If other, specify below: