



# Flight Crew Licence on basis of overseas civil qualifications

## Part 2

CASR 61.275

### Purpose of this form

Use this form to apply for the second (final) step towards converting your **overseas civil flight crew qualifications** to an Australian Flight Crew Licence.

### Who is this form for?

This form is submitted **after** advice from CASA of the outcomes of the first stage of assessment, requesting conversion of your overseas civil qualifications to an Australian Flight Crew Licence.

This form is the **second step** in the conversion process – you must **first submit form 'Flight Crew Licence on basis of overseas civil qualifications - Part 1' (61-4A)** and CASA will make an assessment and issue a letter to explain what theory examinations, flight tests or other requirements must be completed before receiving your Australian Flight Crew Licence.

When you have **successfully completed these tests/requirements**, this form (Part 2) must then be submitted to **complete your request**, before the conversion can be finalised.

### Information needed to complete this form

This form is submitted after the successful completion of a CPL, ATPL or MPL flight test and any flight tests for operational ratings or theory examinations, as requested during the initial assessment.

Before you can be certified to undertake a flight test, you must have:

- completed and submitted Part 1 form and completed payment
- **received a letter from CASA** indicating that your qualifications have been assessed and recognised and that you are **approved to take qualifications** to a 141 or 142 organisation for **assessment** of competencies
- completed the required aeronautical knowledge exams
- ASIC/AVID application submitted or certified copy of ASIC/AVID card
- appropriate English Language Proficiency (ELP) Assessment
- flight test successfully completed



**We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly**

### Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➔ **Go to**' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✕
- if you see '➔ **Go to**' go to the question number shown, you do not need to answer the questions in between

### 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 address details based on your ARN to process this notice.

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 Policy](#).

### 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

## Medical details

Refer to CASR 61.1300(3)(b)

### 2 What are **details of your medical**?

CASA Class 1 medical

Place of medical examination

Date of examination (DD/MM/YYYY)

/ /

Expiry date of medical (DD/MM/YYYY)

/ /

Doctor's name

### 3 What licence category are you **applying for**?

You must be assessed by lodging Part 1 (Form 61-4A) before lodging this form.

Commercial Pilot Licence  
(Aeroplane) CPL-A

Commercial Pilot Licence  
(Helicopter) CPL-H

Air Transport Pilot Licence  
(Aeroplane) ATPL-A

Air Transport Pilot Licence  
(Helicopter) ATPL-H

Multi-crew Pilot Licence  
(Aeroplane) MPL-A

## Applicant pre-flight test checklists

### 4 **Commercial Pilot Licence (CPL) applicants**

CASA has verified my overseas licence and I have received the letter from CASA

I have passes in the aeronautical knowledge examinations required by CASA – evidence attached

I have met the competencies for the grant of the licence  
CASR 61.275(1)(e)(i)

I hold at least a current ICAO level 4 ELP Assessment  
CASR 61.235(2)(a)(v)

I met the minimum aeronautical experience requirements

### 5 **Air Transport Pilot Licence (ATPL) applicants**

CASA has verified my overseas licence and I have received the letter from CASA

I have passes in the aeronautical knowledge examinations required by CASA – evidence attached

I have met the competencies for the grant of the licence  
CASR 61.275(1)(e)(i)

I hold at least a current ICAO level 4 ELP Assessment  
CASR 61.235(2)(a)(v)

I met the minimum aeronautical experience requirements

### 6 **Multi-Crew Pilot Licence (MPL) applicants**

CASA has verified my overseas licence and I have received the letter from CASA

I have passes in the aeronautical knowledge examinations required by CASA – evidence attached

I have met the competencies for the grant of the licence  
CASR 61.275(1)(e)(i)

I hold at least a current ICAO level 4 ELP Assessment  
CASR 61.235(2)(a)(v)

I met the minimum aeronautical experience requirements

## Applicant declaration

### 7 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 lodgment.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- 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

Date (DD/MM/YYYY)

/ /

## Training organisation

### 8 What are the **training organisation** details?

Organisation name

ARN

Contact number

Email address

## Certification by person authorised under CASR 61.235

Refer to CASR 61.235 (5)

### 9 I declare that

- I am authorised to make this certification
- I have sighted the letter sent to the applicant from CASA
- The applicant has complied with the following:
  - will be at least the minimum age required for the issue of the licence at the time of the flight test – CASR 61.580, CASR 61.700, CASR 61.655
  - passed the relevant aeronautical knowledge examinations – CASR 61.275 (1)(f) / (3)(d)
  - has the minimum aeronautical experience for the issue of the licence set out in CASR 61
  - has a current level 4 or above ELP Assessment - CASR 61.235(2)(a)(v)
  - is competent in each unit of competency mentioned in the CASR Part 61 Manual of Standards for that licence.
- I certify the applicant for a flight test:

|        |        |       |
|--------|--------|-------|
| CPL-A  | CPL-H  | MPL-A |
| ATPL-A | ATPL-H |       |

Full name

ARN

Date (DD/MM/YYYY)

/ /

## Flight Examiner declaration

### 10 What are the **class or type of aircraft** in which the flight test was conducted?

Single-engine class

Multi-engine class

Type rating

### 11 What are **design feature endorsements** to be issued on the licence (select all that apply)?

Tailwheel undercarriage

Retractable undercarriage

Manual propeller pitch control

Pressurisation system

Floatplane

Floating hull

Gas turbine engine

Multi engine centreline thrust

Ski landing gear

### 12 I declare that:

- I conducted a flight test in accordance with the Part 61 Manual of Standards where the applicant:
  - was at least the minimum age required for the issue of the licence at the time of the flight test – CASR 61.580, CASR 61.700, CASR 61.655
  - passed the relevant aeronautical knowledge examinations – CASR 61.275
  - satisfied me that he/she has sufficient knowledge in any competency standard mentioned in the KDR to safely exercise the privileges of the licence, where a pass in the aeronautical exam sat after 1 November 1998, is less than 100%
  - had the minimum aeronautical experience for the issue of the licence set out in CASR 61.655, CASR 61.580/CASR 61.700
  - had a current level 4 or above ELP Assessment, CASR 61.235(2)(a)(v) or assessment report attached
  - held a CASA class 1 medical certificate at the time of the flight test – CASR 61.1300(3)(b)
  - met the standards specified in the Part 61 Manual of Standards for the licence/category level sought
- Aircraft was suitable for a flight test - CASR 61.245 and Part 61 MOS

|        |        |       |
|--------|--------|-------|
| CPL-A  | CPL-H  | MPL-A |
| ATPL-A | ATPL-H |       |

Full name

ARN

Date (DD/MM/YYYY)

/ /

Flight test reports for failed flight tests must be attached if not already submitted.

## Operational ratings - pre-flight test declaration by person authorised under CASR 61.235(5)

**13** I declare that:

- I have sighted the letter sent to the applicant from CASA
- Applicant holds a licence appropriate for the issue of the operational rating
- Applicant has the aeronautical experience required for the issue of the rating and endorsement(s)
- Applicant is competent in each unit of competency mentioned in the Part 61 Manual of Standards
- Applicant has passed the aeronautical knowledge examination CASR 61.235(2) when applicable
- Applicant holds a medical as per CASR 61.1300(5)(b) , or not applicable (flight test in a SIM)

Full name

ARN

Date (DD/MM/YYYY)

/ /

## Flight Examiner declaration

**14** I declare that:

- Applicant holds a licence appropriate for the issue of the operational rating
- Applicant has passed the aeronautical knowledge examination
- Applicant has met the aeronautical experience requirements for the rating and endorsement
- Applicant holds a medical as per CASR 61.1300(5)(b) not applicable (flight test in a SIM)

Full name

Date (DD/MM/YYYY)

/ /

**15** What **operational ratings** are to be issued on the licence post flight test (select all that apply)?

Instrument Rating

Flight Instructor Rating

Simulator Instructor Rating

Night VFR Rating

Night Vision Imaging System Rating

Low Level Rating

Aerial Application Rating

**16** What are the **endorsements** to be issued on the licence?

List endorsements using same abbreviations as entered on licence.

 **Attach additional pages if required**

**17** What are the **category of aircraft/class/type** used for Flight Test (select all that apply)?

**Aeroplane**

**Simulator**

Single-engine class

Multi-engine class

Type rating

**Helicopter**

**Simulator**

Single-engine class

Type rating

## Aircraft

### 18 What are the **aircraft** details?

Registration mark (VH-)

Manufacturer

Model

Simulator ID

---

## Applicant checklist

### 19 Are you attaching any documents to this application?

## Flight examiner declaration

### 20 I declare that:

- Applicant held a medical as per CASR 61.1300(5)(b), or not applicable (flight test in a SIM)
- 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 consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- 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

Date (DD/MM/YYYY)

/ /

---

## Returning your form



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



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

**CASA Licensing and Registration Centre**  
**GPO Box 2005**  
**Canberra ACT 2601**