



CASA Stamp:

IMPORTANT INFORMATION FOR APPLICANTS

1: This form can be **completed electronically and saved locally** to your computer. Once the ARN has been entered into the first page, it will automatically update in the applicant ARN fields on subsequent pages. CASA recommends that applicants complete as much of the form electronically as possible.

2: Please ensure your application is completed correctly. **Incomplete applications will not be accepted** and will be returned to you for amendment. **Fields and sections marked with an * are mandatory.**

3. Before requesting a Confirmation Report (Flight Crew Licence and current medical details), you **MUST** make sure your qualifications are already updated by CASA. As this report will be run on exactly what is in the system at the time of the request.

NOTE: CASA may request a new application with further payment if you are missing qualifications on the report.

Applicant Details as per Birth Certificate / Passport:

Title:* _____
Family Name:* _____
Given Names:* _____
Date of Birth:* _____

Applicant ARN:*

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CONTACT DETAILS

You are required to notify of any changes to your personal contact information (refer to [CASR 11.70](#)), information on how to change your contact details is available on CASA website <https://www.casa.gov.au/services/standard-page/changing-your-details>.

All correspondence, including permissions issued as a result of this application, will be sent by email or post to your current contact details according to CASA's records.

Privacy Statement: 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 the *Civil Aviation Act 1988*, the *Airspace Act 2007*, the *Aviation Transport Security Act 2004* or the regulations made under those Acts. For full details on how CASA collects, protects and uses personal information, please refer to [CASA's Privacy Policy](#).

Licence Fees *

| Fee Code | Description | Total |
|-----------------------------------|--|----------|
| <input type="checkbox"/> 24.4 | Confirmation Report (Flight Crew Licence and current medical details) | \$ 25 |
| <input type="checkbox"/> 24.4 | Pre-Requisite Report (Full history of theory exams) | \$ 25 |
| <input type="checkbox"/> 24.6 036 | Reprint of individual Exam result (Knowledge Deficiency Report) Exam Code(s): _____ | \$ 65 |
| <input type="checkbox"/> 24.5 | BOEING 767 Operations Manual | \$ 25 |
| Total Cost: | | \$ _____ |

**Payment Advice
Flight Crew Licence Reports**

ARN:

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Payment Options *

- I have enclosed a Cheque or Australian Money Order (**please make cheques payable to CASA**)
- I am paying by credit card – please ensure you complete ALL details below including the card holder name and the total amount

| | | | | | | | | | | | |
|---|--------------------------|--|--|--|--|--|--|--|--|--|--------------------------|
| I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> | | | | | | | | | | | |
| Card Number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | Expiry Date: ____ / ____ |
| | | | | | | | | | | | |
| Card Holder Name (please print): | Total: \$ _____ | | | | | | | | | | |
| Signature: | Date: ____ / ____ / ____ | | | | | | | | | | |

Receipt Options *

- Send receipt to:
- Applicant OR Third party (provide details below)

Details of Third Party Payment

| | | |
|--|-----------|----------------------|
| Individual's or Organisation's Full Name: | | |
| Email: | | |
| Postal Address: | | |
| | | |
| State: | Postcode: | Country: |
| Contact Phone: | | ARN: (if applicable) |

Submit the Application Form, with the Cheque / Money Order / Purchase Order if applicable.

- **Email to:** applications@casa.gov.au
- **Mail to:** CASA Licensing and Registration Centre
CASA
GPO Box 2005
CANBERRA ACT 2601

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|-------------|--|----------|--|
| | | | |
| Receipt No: | | Initial: | |