



IMPORTANT INFORMATION FOR APPLICANTS

- 1:** This form is to be used by staff of Assessment Services Pty Ltd (ASL) to apply to be a PEXO Registrar and/or Invigilator.
- 2:** A separate form is to be completed for each individual applying to be an additional Registrar or Invigilator with ASL.
- 3:** If the new Registrar or Invigilator is replacing a previously approved person, the name and ARN of the retiring person must be provided.
- 4:** ASL is responsible for notifying CASA of any change to the contact details of the organisation or the individuals who are approved to administer PEXO exams. All correspondence regarding PEXO exams will be sent to the current contact details, according to CASA's records.
- 5:** If you do not already have an ARN, then you must also complete CASA form 1162.

Required PEXO role(s): A Registrar makes exam bookings, an Invigilator supervises the actual exam.

- I am applying to be a PEXO Registrar I am applying to be a PEXO Invigilator
- I am applying for both roles of Registrar and Invigilator
- I am replacing a retiring Registrar/Invigilator _____

(Name and ARN of Retiring individual)

Section A: Applicant Details - (Attach your completed CASA form 1162 if you do not have your ARN yet.)

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other: _____	ARN:	<input type="text"/>
Given Name:				Family Name:		
Phone:	()	Mobile:				
Email:						

I wish to be a PEXO exam Registrar and/or Invigilator for ASL:

Name of venue:						
Street Address:						
Suburb:		State:		Postcode:		
Phone:				Fax:		

ARN for Billing Purposes: To be provided by ASL

Note: Invoices will be sent to the current postal address for the owner of the Billing according to CASA's records.

Section B: Declaration

I agree to abide by the terms and conditions required by CASA in relation to the administration of PEXO exams. I realise that I am not permitted to be involved now, or in the foreseeable future, directly or indirectly engaged in aviation activities such as aeronautical knowledge training or flying training.

In the event that I become aware of any impropriety occurring during the conduct of an examination, I will immediately contact Flight Crew Licensing for advice.

Applicant Signature: _____	Date: ____ / ____ / ____
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Section C: ASL's Recommendation

I, _____ recommend _____, whose details are contained on this application, to be a CASA PEXO exam Registrar and/or Invigilator for ASL, and certify to the best of my knowledge, that the applicant is:

- A fit and proper person*, and
* see *CASA web site for the definition of 'fit & proper person'*
- not teaching aeronautical knowledge (theory) subjects at the school or elsewhere.

I accept full responsibility for the conduct of the applicant in his/her duties in relation to administration of PEXO exams at an ASL venue. I undertake to inform CASA (Flight Crew Licensing Section) immediately of any change in status of the applicant e.g. taking up teaching of aeronautical knowledge subjects at the school or elsewhere, leaving employment of ASL, or has demonstrated unsuitable behaviour as an examination supervisor. I undertake to inform CASA (Flight Crew Licensing Section) immediately when I leave ASL, or am no longer serving as ASL's Operation Manager.

The following details the reasons for needing an additional PEXO Registrar and/or Invigilator.
(Attach separate page if necessary):

ASL Operations Manager signature: _____	Date: ____ / ____ / ____
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(When completed, forward to supervisor@casa.gov.au or by post to FCL-CASA, GPO Box 2005, Canberra City, ACT 2601)

Section D: FCL Exams Section Approval

- Application Recommended Application Not Recommended *(State reason below)*

CASA Officer Recommending:

Signature	Date	Printed Name	ARN				
	____ / ____ / ____		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Section E: Flight Crew Licensing Actions

Details entered in PEXO data base: Yes No Date: _____

Previous Supervisor: _____ Active Inactive

Instructions forwarded to applicant: Yes No Date: _____

Signature of PEXO Administrator: _____ Date: _____