



Purpose of this form

This form is to be used by individuals desiring to be approved to conduct Aeronautical Radio Operator Certificate (AROC) training and assessments.

This form is also used to request a renewal of an existing approval.

Who is this form for?

This form is for qualified and/or experienced individuals wishing to conduct AROC training and assessments.

Information needed to complete this form

A separate form is to be completed for each individual.

If you do not have an ARN, [apply for an ARN](#).

Before submitting this form, you must obtain authorisation from fcl.exams@casa.gov.au.

For more information about AROC training and assessments go to the [CASA website](#) and CASR 64.015.



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

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✕

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 applicant details based on your ARN.

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

2 What are you applying for (select all that apply)?

AROC Assessor

AROC Trainer

AROC Instrument - initial issue

AROC Instrument renewal

3 What qualifications or experience do you have to support this application?

Qualifications

Relevant experience

 **Attach certified copy if required**

Authorisation

4 Who in CASA has authorised you to submit this form?

Before submitting this form, you must obtain authorisation from fcl.exams@casa.gov.au.

Full name of CASA authority officer

Date of authorisation (DD/MM/YYYY)

/ /

Application checklist

5 Select all that apply:

Certified copies of qualifications are attached

CV is attached

If other please specify

Declaration

6 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 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

Date (DD/MM/YYYY)

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Application fees

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

Fee code: 24.6 077 **Total: \$ 480**
Description: Approval of AROC course – processing and consideration.

Fee code: 24.6 077 **Total: \$ 160**
Description: AROC Instrument of Approval, renewal or an Instrument for an additional person to present a previously approved AROC course.

Total
\$

Payment option

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

Card number
Mastercard
Visa

Cardholder name (please print)

Expiry (MM/YY)
/

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

Submit both the Payment Authorisation and Application:



By email – attach this form and all supporting documents.
Send them to applications@casa.gov.au



By post – return this form and all supporting documents to:
CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601