



### Download this form before you begin

Please download and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information. Send this form and any attachments to [avmed@casa.gov.au](mailto:avmed@casa.gov.au).

### Purpose of this form

Use this form to complete an Operational Colour Vision Assessment (OCVA) with a CASA approved Flight Examiner.

### Who is this form for?

This form is for class 1 and/or 2 pilots seeking further options after a failed Farnsworth Lantern or Colour assessment and Diagnosis (CAD) test.

### Information needed to complete this form

To complete this form you need to take it to a CASA approved Operational Colour Vision assessor, a list of approved assessors can be found at: [www.casa.gov.au/licences-and-certification/avmed/pilots-and-air-traffic-controllers/operational-colour-vision-assessment-ocva-testing](http://www.casa.gov.au/licences-and-certification/avmed/pilots-and-air-traffic-controllers/operational-colour-vision-assessment-ocva-testing)

### 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 Statement](#).

### 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](#).

Legal entity/full name

ARN

Contact number

Email address

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## Address

2 What are the **address for service** details?

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)

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3 Is the **postal** address the same as the **address for service**?

**No**      ➔ [Go to 4](#)

**Yes**      ➔ [Go to 5](#)

4 What are the **postal** address details?

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

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## Licence

5 What are the licence details?

Licence held

Experience (hours)

Aircraft type

Registration

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6 Medical certificate(s) applied for:

Class 1

Class 2

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7 Corrective lenses used?

Colour vision corrective lenses are not to be used for any CVD assessment including the OCVA.

**No**

**Yes**

## Assessment flight details

- 8** What are the assessment flight details?  
Airport of departure/other airfields used

Route

### Duration

Ground

Air

Weather

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## Satisfactory/safe performance in daylight

- 9** On the ground and in the air, read and correctly interpret in timely manner aeronautical maps, chart and plates, including print in various sizes, colours and fonts, symbols, lines and terrain markings. Aeronautical chart reading may be performed in daylight or under any light condition where the chart would normally be read.

**No**

**Yes**

Comments

- 10** On the ground and in the air, read and correctly interpret in timely manner aircraft instrumentation and displays, particularly those with coloured markings, warning lights and coloured displays.

**No**

**Yes**

Comments

- 
- 11** In the air, recognise terrain and obstructions in a timely manner including the surface condition of several emergency landing fields. The applicant should be able to describe surface features and obstructions.

**No**

**Yes**

Comments

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## Satisfactory/safe performance at night

- 12** On the ground and in the air, read and correctly interpret in timely manner aeronautical charts, including print in various sizes, colours and fonts, symbols, lines and terrain markings. Aeronautical chart reading may be performed under any light condition where the chart would normally be read.

**No**

**Yes**

Comments

**13** On the ground and in the air, read and correctly interpret in timely manner aircraft instrumentation and displays, particularly those with coloured markings, warning lights and coloured displays.

**No**

**Yes**

Comments

**14** Visually identify in a timely manner on the ground and in the air the location and significance of lights on an airfield or other aircraft. This may include:

Identifying the location and direction of travel of other aircraft in the vicinity

Runway approach aids relevant to the type of aircraft

Runway edge

Runway ends

In runway lights (centreline, touchdown zone, taxiway lead off lights)

Taxiways

Holding points

Obstacles

Airport beacons

Comments

## Summary of performance

**15** Satisfactory performance in day time operations to allow removal of medical restrictions relating to the carriage of passengers on air transport operations?

**No**


**Yes**

**16** Satisfactory performance in night time operations to allow removal of restrictions concerning night flying?

**No**

**Yes**

**17** Additional information/notes

 **Attach additional pages if required**

## Applicant declaration

**18** I declare that:

- All statements in this application are true and correct in every particular
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Statement](#) 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

Signature

Date (DD/MM/YYYY)

/ /

## Assessor

### 19 What are the instructor details?

Legal entity/full name

ARN

Contact number

Email address

### 20 What are the address details?

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)

## Assessor declaration

### 21 I declare that:

- I hereby certify that I have personally identified and assessed the applicant named in question 1
- This report, and any attached notes, embodies my examination correctly
- All statements in this application are true and correct in every particular
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Statement](#) 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

Signature

Date (DD/MM/YYYY)

/ /

## Returning your form



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



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

**CASA Client Services Centre**  
**GPO Box 2005**  
**Canberra ACT 2601**