



Purpose of this form

Use this form to apply for a verification of your flight crew licence.

Who is this form for?

This form is for individuals who wish to apply for a verification on their flight crew licence to be sent for a third party.

Your contact details

CASR 11.070

All correspondence will be sent by email or post to the contact details provided by you and held in CASA's records.

You must notify CASA of any changes to your contact details. Information on how to change your contact details is available at www.casa.gov.au/changing-your-details

Information needed to complete this form

- If you do not currently have a CASR Part 61 licence document, you **must** submit Form 61-9TX.
- If CASA does not have a photo of you that is less than 10 years old, you **must** also submit Form 61-9PIC.
- If you are applying for the flight crew licence verification to be sent to Federal Aviation Administration (FAA), please ensure you have requested FAA to contact CASA on your behalf. This is because the FAA will not accept a flight crew licence verification sent from CASA, without a corresponding request from the pilot. If the FAA has not advised CASA of your request with them at the time of processing your application, the application will be returned.

Filling in this form

This form can be completed as a **fillable form** online.

- Mark boxes like this with a ✓ or a ✗
- Where you see a box like this

**Skip to the question number shown.
You do not need to answer the questions in between.**

If printing this form:

- Please use black or blue pen.
- Print in BLOCK LETTERS.

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's Privacy Policy** (www.casa.gov.au/privacy-policy)

For more information

Go to www.casa.gov.au or call us on 131 757.

1 Your Aviation Reference Number

2 Your name

Family name/ Surname

First given name

3 Your date of birth

DD MM YYYY
 / /

4 I hereby authorise the Civil Aviation Safety Authority (CASA) to release the report described in this form to:

Option 1

Nominated Person (s) / Organisation (s)

Unit/Number

Street name

Suburb

State/Province

Country (if not Australia)

Postcode

4 continued

Phone number

Email address

5 Option 2 (if required)

Nominated Person (s) / Organisation (s)

Unit/Number

Street name

Suburb

State/Province

Country (if not Australia)

Postcode

Phone number

Email address

6 A report detailing the following will be sent to the nominated persons:

- My Australian Flight Crew Licence (Including endorsements; ratings and approvals)
- My Aviation Reference Number (ARN)
- My current Aviation Medical details including any conditions attached to the Certificate
- Details of any suspensions / cancellation of my Flight Crew Licence and any actions brought against me by CASA.

Name

Signature



Date (DD/MM/YYYY)

/ /

Applicant checklist

The following actions have been taken:

I have previously notified CASA of any CAR 5 endorsements to be issued on my CASR Part 61 licence **or** Form 61-9TX is attached

I have previously submitted to CASA a photo in the previous 10 years **or** Form 61-9PIC is attached



Applicant
ARN

Application Fees

Fee Code: 24.8 **Cost:** \$50

Description: Verification Letter (Letter sent to Overseas Authorities confirming validity of Flight Crew Licence and Medical details. Includes a Confirmation report).

Payment Options

Option 1 (CASA preferred option)

I have made an **online** payment

Receipt No:

Submit both the Payment Authorisation and Form:



By email – scan or photograph this form and all supporting documents and 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**

Option 2

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

Mastercard	Card Number		
Visa			
Cardholder name (please print)		Expiry	/
Total	Signature	Date (DD/MM/YYYY)	/ /
\$ 50			

Receipt Options Applicant **or** Third party (Provide details below)

Details of Third Party

ARN (Third Party) if applicable Email

Individual's or Organisation's Full Name Preferred contact number

CASA accepts Purchase Orders if you hold line of credit with CASA.