



# Flight Crew Licence Verification

## 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 to a third party.

## Information needed to complete this form

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. 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.

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](#).



**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
- 'mouse click' on the '➔ **Go to**' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✗
- if you see '➔ **Go to**' go to the question number shown, you do not need to answer the questions in between

## 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 to process this application.

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

## Request details

### 2 Who do you want CASA to release the report to?

#### **Nominated third party (option 1)**

Contact person

Organisation

Contact number

Email address

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)

### 3 Do you want to nominate another third party to receive the report?

**No**

**Yes**

### 4 Who do you want CASA to release the report to?

#### **Nominated third party (option 2)**

Contact person

Organisation

Contact number

Email address

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)

## Applicant checklist

- 5** Select all that apply:
- Form 61-9TX is attached
  - Form 61-9PIC is attached
  - If other please specify

## Applicant declaration

- 6** I declare that:
- I acknowledge and consent to the report detailing the following being sent to the nominated persons(s) in questions 2 and 4:
    - 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
  - 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 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 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 have attached all required documentation specified in the applicant checklist.
  - I acknowledge that to knowingly make a false or misleading statement is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Date (DD/MM/YYYY)

/ /



Applicant  
ARN

### Application fees

Fee code: 24.8..... Total: \$ 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, provided the online receipt number

Submit both the Payment Authorisation and Application:



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

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