



<b>CASA Stamp:</b>  	<b>Training Organisation and/or Contact Details:</b> (not mandatory)
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**IMPORTANT INFORMATION FOR APPLICANTS**

**1:** If you do not *currently* have a CASR Part 61 licence document, you **must** submit form 61-9TX. Refer to the form for further information. If CASA does not have a photo of you that is less than 10 years old, you must also submit Form 61-9PIC.

**2:** For security requirements associated with the issue of this licence please refer to the [ASICs and AVID](#) page.

**Note:** A CASA Flight Crew Licence cannot be issued until you have been issued with an ASIC or AVID.

**3:** To be eligible for an ATPL(A), you must have passed relevant Aeronautical Knowledge Exams. Relevant exam codes include (only one option is required):

- AALW + AASA + AFPA + AHUF + AMET + ANAV + APLA – 7 subject-part exams and IREX; or
- AASA + AFPA + APLA and IREX – if you hold an Australian ATPL(H) licence.

Exams sat and passed prior to November 1998 may also be considered. Please contact FCL for advice by email [fcl.exams@casa.gov.au](mailto:fcl.exams@casa.gov.au) .

**4:** CASA must ensure an applicant is a fit and proper person before issuing a permission. Therefore the information requested in *Section A6* is still required, even if you hold a valid ASIC or AVID.

**5:** A recommendation by the Person under CASR 61.235(5) is NOT required to be completed for an ATPL flight test.

**6:** Payment for this application can be made [online](#). Go to the CASA webpage and click the Payment button. You must attach a copy of the receipt with this application.

**7:** This form can be **completed electronically and saved locally** to your computer. Once the ARN has been entered into the first page, it will automatically update in the applicant ARN fields on subsequent pages. CASA recommends that applicants complete as much of the form electronically as possible.

**8:** Please ensure your application and the checklist are completed correctly and that all required supporting documentation is provided. **Incomplete applications will not be accepted** and will be returned to you for amendment. **Fields and sections marked with an \* are mandatory.**

<p><b>Applicant Details as per Birth Certificate / Passport:</b></p> <p>Title:* _____</p> <p>Family Name:* _____</p> <p>Given Names:* _____</p> <p>Date of Birth:* _____</p>	<p style="text-align: center;"><b>Applicant ARN:*</b></p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

**CONTACT DETAILS**

You are required to notify of any changes to your personal contact information (refer to [CASR 11.70](#)), information on how to change your contact details is available on CASA website <https://www.casa.gov.au/services/standard-page/changing-your-details>.

All correspondence, including permissions issued as a result of this application, will be sent by email or post to your current contact details according to CASA's records.

**Privacy Statement:** 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 the *Civil Aviation Act 1988*, the *Airspace Act 2007*, the *Aviation Transport Security Act 2004* or the regulations made under those Acts. For full details on how CASA collects, protects and uses personal information, please refer to [CASA's Privacy Policy](#).

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**Section A: Qualification Details\***

**1. Medical Details** Refer to CASR 61.1300(3)(b)

Place of Medical Examination	Date of Examination* ___ / ___ / ____	Expiry Date of Medical* ___ / ___ / ____	Doctor's Name
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**2. Security Check Requirements** Refer to the Aviation Transport Security Regulations Act 2005

Please select the option below that applies to you:

- I am at least 18 years of age and hold a valid Aviation Security Identification Card (ASIC) or Aviation Identification (AVID). Attach a certified true copy.
- ASIC/AVID application form has been submitted to the CASA ASIC Team

**3. Aeronautical Experience (Hours)** Refer to CASR 61.705

To be eligible for a ATPL(A), applicants must have at least the following **minimum** aeronautical experience PRIOR to the flight test. You must ensure you meet the requirements of the experience specified in the regulations.

**Note:** Flight time in an aeroplane must be completed in a registered or recognised aeroplane.

**Note:** Any of the required aeronautical experience that is not completed as flight time as a pilot must be completed as simulated flight time in an approved flight simulation training device for the purpose.

Section		Minimum Hours	Actual Hours
1	TOTAL aeronautical experience (flight + simulated)	Not less than 1,500	
<b>The following sections (2 – 10) are included in total hours in Section 1:</b>			
2	Total flight time as a pilot	Not less than 1,400	
3	Total flight time as a pilot in an aeroplane	Not less than 750	
4	CASA approved flight simulator training device time		
5	Flight simulator training device hours <b>not</b> in a flight simulator	Not more than 25 hours	
<b>For Section 6, complete only 6(a) or 6(b), as applicable</b>			
6(a)	In command under supervision (ICUS) in an aeroplane	Not less than 500	
6(b)	Pilot in command (PIC) or ICUS in an aeroplane <i>Of the hours entered for 6(b), they must contain:</i> PIC	Not less than 250  Not less than 70	
7	Cross-country flight time in aeroplane	Not less than 200	
8	Cross-country flight time of an aeroplane as PIC or ICUS	Not less than 100	
9	Flight time at <b>NIGHT</b> in an aeroplane - other than DUAL	Not less than 100	
<b>Instrument Time</b>			
10	TOTAL instrument time	Not less than 75	
	Instrument flight time in an aeroplane	Not less than 45	

**4. Aeronautical Knowledge Exam** Refer to CASR 61.700(3)

- I have passed the required aeronautical knowledge exams

**5. English Language Proficiency Requirements** Refer to Part 61 Manual of Standards

Please select the option below that applies to you:

- I have previously completed an English Language Proficiency assessment and the assessment report was submitted to CASA (Flight Crew Licensing).
- I have completed an English Language Proficiency assessment - attach assessment.

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**6. Fit and Proper Person Requirements\*** Refer to CASR 11.055 and Aviation Transport Security Regulations 2005, regulations 6.55 and 6.59.

**Note:** If you have concerns regarding privacy issues, please discuss your options with your flying school.

Has any action been taken against you; or is any action in the process of being taken against you; or have you been refused the issue of any aviation related licence, certificate, rating or authority by any organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been refused the issue of a transport related licence or certificate? (e.g., pilot's licence, pilot certificate, driver's licence, boating licence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any criminal conviction or finding of guilt, which is less than ten years old, or any juvenile criminal conviction or finding of guilt, which is less than five years old? <b>Note:</b> You should also include all motor vehicle traffic-related convictions including those from overseas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is suspension or cancellation action pending in relation to any aviation licence you hold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the questions above, please provide details on a separate page. Include details about dates, actions, charges, convictions and imprisonment in Australia and Overseas (attach a separate page if necessary).

**Section B: Applicant Checklist\*** Enter 'Y' or 'N' in applicable boxes.

<input type="checkbox"/>	I hold an appropriate pre-requisite licence – CPL(A), MPL
<input type="checkbox"/>	I have attached a certified true copy of my ASIC or AVID, if applicable <b>Note:</b> If you have applied to the CASA ASIC Team for an ASIC or AVID, your licence cannot be issued until you have been issued with the ASIC or AVID
<input type="checkbox"/>	I have completed a CASA approved course of training in Multi-Crew Cooperation and evidence of completion is attached <b>OR</b>
<input type="checkbox"/>	I meet Item <input type="checkbox"/> of the Alternative Requirements for an approved course of training in Multi-crew cooperation in Schedule 1 of CASA Instrument ( <a href="#">CASA EX225/15</a> ) and appropriate evidence as indicated in Schedule 2 of the Instrument is attached <b>OR</b>
<input type="checkbox"/>	I am a current or former member of the ADF and evidence to show that I meet the requirements stated in Section 6 of CASA Instrument (CASA EX225/15) is attached
<input type="checkbox"/>	I hold at least a current ICAO level 4 English Language Proficiency Assessment, CASR 61.235(2)(a)(v) <b>OR</b>
<input type="checkbox"/>	Assessment report is attached
<input type="checkbox"/>	Flight test report page completed and attached
<input type="checkbox"/>	Online payment receipt attached <b>OR</b>
<input type="checkbox"/>	Payment Authorisation completed (cheque or money order attached if applicable)
<input type="checkbox"/>	I have previously notified CASA of any CAR 5 endorsements to be issued on my CASR Part 61 licence <b>OR</b>
<input type="checkbox"/>	Form 61-9TX is attached
<input type="checkbox"/>	CASA holds my current photo (submitted within the previous 10 years) <b>OR</b>
<input type="checkbox"/>	Current photo (no more 6 months old) and Form 61-9PIC attached

**Section C: Applicant Declaration\***

I hereby certify that all statements in this application are true and correct in every particular and that I have read and understood all regulatory references included in this application. I consent to CASA using and disclosing my personal information in accordance with CASA's privacy policy including exchanging the information with Commonwealth, State and Territory government agencies (please refer to [CASA's Privacy Policy](#)). I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false or misleading statement is an offence against the *Criminal Code Act 1995* (Cth).

I authorise CASA to send a copy of all communications regarding THIS application to **my training provider**.

Contact name: \_\_\_\_\_ Contact email: \_\_\_\_\_

Applicant Signature: _____	Date: ____ / ____ / ____
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**Section D: Declaration of the Flight Examiner\*** Refer to CASR 202.263(2)

**1. Class or Type Rating**

Specify the class or type of aircraft in which the flight test was conducted.

- Multi Engine Class Rating                       Type Rating\*: \_\_\_\_\_

\* Use type designator from the "Prescribed aircraft, ratings and variants for CASR Part 61 Instrument 2014".

**Simulator ID Number:**

**2. Design Feature Endorsements – to be issued on the licence**

Specify the design features applicable to the aircraft in which the flight test was conducted, if not already held.

<input type="checkbox"/> Tailwheel Undercarriage	<input type="checkbox"/> Pressurisation System	<input type="checkbox"/> Gas Turbine Engine
<input type="checkbox"/> Retractable Undercarriage	<input type="checkbox"/> Floatplane	<input type="checkbox"/> Multi Engine Centreline Thrust
<input type="checkbox"/> Manual Propeller Pitch Control	<input type="checkbox"/> Floating Hull	<input type="checkbox"/> Ski Landing Gear

Flight Test Number	Date ____ / ____ / ____	Route Flown									
<p>I certify that I conducted an Air Transport Pilot Licence (Aeroplane) flight test in accordance with the Part 61 Manual of Standards where the:</p> <p><input type="checkbox"/> Applicant was at least 21 at the time of the flight test – CASR 61.700</p> <p><input type="checkbox"/> Applicant passed the relevant aeronautical knowledge examination – CASR 61.700(3)(a)</p> <p><input type="checkbox"/> Applicant has the minimum aeronautical experience for the ATPL(A) set out in CASR 61.705 and the hours are entered in this form</p> <p><input type="checkbox"/> Applicant has a current level 4 or above English Language Proficiency Assessment, CASR 61.235(2)(a)(v) or assessment attached</p> <p><input type="checkbox"/> Applicant held at least a CASA class 1 medical certificate at the time of the flight test in an aircraft – CASR 61.1300(3)(b)</p> <p><input type="checkbox"/> Aircraft was suitable for a ATPL(A) flight test - CASR 61.245 and Part 61 MOS</p> <p><input type="checkbox"/> Applicant has:</p> <p style="margin-left: 20px;">a) completed a CASA approved course of MCC training and provided <b>acceptable</b> evidence of completion <b>OR</b></p> <p style="margin-left: 20px;">b) met the requirements for alternative <input type="checkbox"/> of Schedule 1 of CASA Instrument EX225/15 and provided <b>acceptable</b> evidence iaw Schedule 2 clause 1-6 of the Instrument <b>OR</b></p> <p style="margin-left: 20px;">c) applicant is a current or former member of the ADF and has provided <b>acceptable</b> evidence iaw Section 6 of CASA Instrument EX225/15</p> <p><b>Note: All sighted evidence must be attached to this application.</b></p> <p><input type="checkbox"/> Flight test was conducted under the IFR using published Multi-Crew procedures - CASR 61.700(5)</p> <p><input type="checkbox"/> Applicant demonstrated a standard that met the standards specified in the Part 61 Manual of Standards for the Air Transport Pilot Licence (Aeroplane)</p> <p><i>Note flight test reports for failed flight tests must be attached if not already submitted</i></p>											
Signature of Flight Examiner	Date ____ / ____ / ____	Printed Name	ARN Flight Examiner								
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**Payment Authorisation**

**Licence Fees \***

Fee Code	Description	Total
<input type="checkbox"/> 24.6 005	Issue of Air Transport Pilot Licence (Australian Trained) – processing and consideration	\$ 100
<b>Total Cost:</b>		\$ _____

**Payment Options \***

Payment made [online](#) Receipt No: \_\_\_\_\_ **(CASA preferred option)**

**Attach printed receipt and do not complete remainder of this page**

I have enclosed a Cheque or Australian Money Order (please make cheques payable to CASA)

I am paying by credit card (provide details below)

I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my:		<b>MasterCard</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>														
Card Number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>															Expiry Date: ____ / ____	
Card Holder Name (please print): .....	Total: \$ _____																
Signature: .....	Date: ____ / ____ / ____																

**Receipt Options \***

Send receipt to:

Applicant OR  Third party (provide details below)

**Details of Third Party**

Individual's or Organisation's Full Name:		
Email:		
Postal Address:		
State:	Postcode:	Country:
Contact Phone:		ARN: (if applicable)

Submit the Payment Authorisation Form (and Cheque / Money Order / Purchase Order) with the Application Form.

- **Email**     [clarc@casa.gov.au](mailto:clarc@casa.gov.au)
- **Mail to:**    CASA Licensing and Registration Centre  
                  CASA  
                  GPO Box 2005  
                  CANBERRA ACT 2601
- **Fax to:**      1300 737 187

**Paid Stamp**

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Receipt No:		Initial:	
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