



# Appointment/cancellation of registered operator

CASR 47.100

**i You MUST download and save this form before starting**

## Purpose of this form

Use this form to notify CASA of the appointment and/or cancellation of a registered operator for a currently VH - registered aircraft.

## Who is this form for?

This form is for:

- the registration holder: to notify of the cancellation of the appointment of the current registered operator and to notify of the appointment of a new registered operator, if required
- the registered operator: to notify of the cancellation of their appointment

## Information needed to complete this form

All documents must be **provided in English**. Documents not in English must be accompanied by a certified translation. The translation must be compiled by a translator registered with the National Accreditation Authority for Translators & Interpreters Ltd (NAATI) and must include the NAATI translator stamp. The NAATI national hotline is **1300 557 470**.

Following is a list of other documents available on CASA website which you may need to read or download in order to ensure you lodge a correctly completed notification:

- [letters of authority](#)
- [proof of eligibility for registered operators – individuals](#)
- [proof of eligibility for registered operators – organisations](#)

## Filling in this form

This form can be completed as a **fillable form**:

- You MUST download and save this form before starting
- it is recommended you use [Adobe Reader](#) to complete the form
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the ➔ **Go to 8** 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 8** 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](#).

If you are applying on behalf of an organisation, you need to provide the organisation's ARN and have authority to act on behalf of the entity.

## Contact details

CASA will use the currently held contact and address details based on your ARN to process this notice.

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.

## Aircraft registration

- 1** What are the **aircraft details**, as noted on the aircraft data plate and the certificate of registration?

Registration mark (VH-)

Manufacturer

Model

Serial number

## Current aircraft registration holder

- 2** What are the **current aircraft registration holder** details?

Legal entity/full name

ARN

## Current registered operator

- 3** What are the details of the **currently recorded registered operator**?

Legal entity/full name

ARN

- 4** What is the effective date the appointment of the **registered operator** named in question 3 was cancelled?

It must be **today** or a date **in the past** (DD/MM/YYYY)

/ /

## Notification

- 5** Who is notifying the cancellation of the **registered operator** appointment?

Refer to CASR 47.100

Current aircraft registration holder

Registered operator named  
in question 3

## Registered operator

- 6** What are the **registered operator** contact details?

Contact number

Email address

## Registered operator notification

- 7** Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you notifying?

**For example:** Self, Director, Agent

An authority must be provided if the person completing this notification is **not** the individual or an office holder of the entity named in question 3.

 **Attach authority**

Nothing further is required from the registered operator if they cancelled their own appointment **No fee is applied.**

## Returning your form



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



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

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

**8** Have you appointed another entity as the **registered operator**?

**No** As **you** will be the registered operator, you must be an **eligible person**

**Yes**

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## Aircraft registration holder proof of eligibility

**9** What are the aircraft **registration holder residency** details?

CASA will make an assessment of eligibility as part of this application, and may request further information. Proof of Australian residency is required from **individuals**, unless provided within the last two years.

Refer to [acceptable evidence](#)

Evidence of **Australian residency** attached

Evidence provided **within last 2 years** for aircraft Registration mark (VH-)

 **Attach evidence if required**

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## Aircraft registration holder notification

**10** Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you notifying?


**For example:** Self, Director, Agent


An authority must be provided if the person completing this notification is not the individual or office holder of the entity named in question 2.

 **Attach authority**

Nothing further is required from the registered holder if no registered operator appointed. **No fee is applied.**

## Returning your form

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

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Canberra ACT 2601**

## New registered operator appointment

### 11 What are the **registered operator** details?

Legal entity/full name

ARN

Contact number

Email address

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## Registered operator address

### 12 What is the **home/principal physical** address?

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

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### 13 Is the **postal** address the same as the **home/principal physical** address?

**No**

**Yes**

### 14 What is the **postal** address?

Unit/number

Street name/PO box

Suburb

State/territory

Postcode

Country (if not Australia)

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### 15 Is the organisation's **registered office** address the same as the **home/principal physical** or the **postal** address?

**No**

**Yes**

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### 16 If a corporation, what is the **registered office** address?

Unit/number

Street name

Suburb

State/territory

Postcode

## Registered operator proof of eligibility

### 17 What are the **registered operator residency** details?

CASA will make an assessment of eligibility as part of this application, and may request further information.

Proof of Australian residency is required from **individuals**, unless provided within the last two years.

Refer to [acceptable evidence](#)

Evidence of **Australian residency** attached

Evidence provided **within last 2 years** for aircraft

Registration mark (VH-)

 **Attach evidence if required**

## Applicant checklist

### 18 Select all that apply:

Ensure the **registration holder** completes the checklist and **aircraft registration holder** declaration.

Evidence of registration holder eligibility is attached

Evidence of registered operator eligibility is attached

Letter(s) of authority is attached

## Appointed registered operator declaration

### 19 I declare that:

- I am the appointed **registered operator** named in question 11.
- I accept, as an 'eligible person', the position of **registered operator**, effective from the date detailed in question 3.
- All statements in questions 11-19 of this notice 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 notice.
- 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 have attached all required documentation specified in this form and the associated Guidelines
- I acknowledge that to knowingly make a false statement in this form is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

**For example:** Self, Director, Agent

ARN

If you are applying on behalf of an organisation you need to have the authority to act on behalf of the entity in this role. If you have an individual ARN, please provide below.

An authority must be provided if the person making this declaration is **not** the individual or an office holder of the entity named in question 11.

 **Attach authority**

If you completed this declaration, you have now completed the form as the appointed **registered operator**.

Ensure the **owner completes the owner declaration below in question 20**.

## Aircraft registration holder declaration

**20** I declare that:

- I am the aircraft **registration holder** named in question 2.
- I have cancelled the appointment of the **registered operator** named in question 3.
- I nominate the entity named in question 11 to be the registered operator, effective from the date of cancellation of the previous registered operator appointment, as noted in question 4.
- All statements in this notice 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 notice.
- I accept that if this notice is withdrawn or refused by CASA, or if CASA is unable to complete an assessment because I have failed to provide required information, I am liable to pay CASA fees for work conducted.
- 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 have attached all required documentation specified in this form and the associated Guidelines
- I acknowledge that to knowingly make a false statement in this form is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

**For example:** Self, Director, Agent

ARN

If you are applying on behalf of an organisation you need to have the authority to act on behalf of the entity in this role. If you have an individual ARN, please provide below.

An authority must be provided if the person making this declaration is **not** the individual or an office holder of the entity named in question 2.

 **Attach authority**

**The entity paying the fee for this notice should complete the payment authorisation.**

### Application fees

**Fee code:** 12.2..... **Total: \$ 65**

**Description:** Recording an aircraft registered operator, or a change in an aircraft registered operator – processing and consideration of notice.

Submit both the Payment Authorisation and Notice:



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

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GPO Box 2005  
Canberra ACT 2601**

### Payment options

#### Option 1 (CASA preferred option)

I have made an online payment

Receipt number

### 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 (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