



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 applications@casa.gov.au.

Purpose of this form

This form is to be used to notify CASA of the issue of a design feature endorsement.

Who is this form for?

This form is to be completed by a Flight Instructor endorsing a design feature.

Information needed to complete this form

If the licence holder does not currently have a CASR Part 61 licence document, they must submit '[Recognition and Transfer CAR Part 5 Qualifications](#)' (Form 61-9TX).

If CASA does not have a photo of the licence holder that is less than 10 years old, they must also submit '[Lodgement of current photo with CASA](#)' (Form 61-9PIC).

If the licence holder seeks a subsequent reprint of their licence, they must complete and submit '[Licence Reprint](#)'.

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 details linked to your ARN profile.

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 **Licence holder** 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

Notification checklist

2 Select all that apply:

This form is being submitted with another application/ notification.
please specify;

Applicant holds a medical certificate or exemption for CASR 61.235(4)(b)- Flight test conducted in a SIM.

Design Feature Endorsement

Refer to the latest edition of the 'Prescription of Aircraft and Ratings' instrument for the type designator..

3 What is the date of issue?

Date (DD/MM/YYYY)

/ /

4 What are the design features endorsement issued?

Tailwheel Undercarriage

Retractable Undercarriage

Manual Propeller Pitch Control

Gas Turbine Engine

Multi Engine Centreline Thrust

Pressurisation System

Floatplane

Floating Hull

Ski Landing Gear

Float Alighting Gear

What are the **aircraft** details?

Refer to the latest edition of the "Part 61 prescription of Aircraft and Ratings – CASR Part 61" instrument

Registration mark (VH-)

4 Continued

Manufacturer

Model

Simulator ID

Flight Instructor declaration

5 I declare that:

- I am authorised to make this notice and hold the role indicated below.
- 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 understand CASA will use the currently held details to process this notice and it is my responsibility to ensure my details are correct prior to lodgement.
- 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 accept that if this notice is withdrawn or refused by CASA, or if CASA are unable to assess the notice because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I acknowledge that to knowingly make a false or misleading statement in this notice is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

ARN

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Examiner, Flight Instructor

Returning your form



By email – attach this form and all supporting documents. 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