



Use this form to apply for an Aviation Reference Number ARN.

If you have been issued with an ARN previously and do not know the number please contact CASA on 131757 and ask to speak to an administration officer in the nearest CASA Area Office .

Entries should be written in CAPITALS and with a black or dark blue ink pen.
Submit the form to the nearest CASA Area or Airline Office.

Q1 - ENTER YOUR PERSONAL DETAILS [complete or enter N/A as appropriate]

Family Name _____ First Name _____ Other Names _____
 Previous Family Name _____ Previous Given Names _____
 Female Male Title _____ Date of Birth (dd/mm/yyyy) _____ Nationality _____

Current Residential Address Details

Address Line 1 _____
 Address Line 2 _____
 Town/City _____
 State _____ Postcode _____
 Country _____

Current Postal Address Details
 [if different to residential address]

Address Line 1 _____
 Address Line 2 _____
 Town/City _____
 State _____ Postcode _____
 Country _____

Work Phone () _____ Home Phone () _____ Mobile Phone () _____
 Email Address: _____@_____

Q2 - HAVE YOU HELD ANY OF THE FOLLOWING AUSTRALIAN LICENCES? Yes - mark below No - goto Q4

Flight Crew Licence Aircraft Maintenance Engineer Licence Air Traffic Services Licence Aviation Medical Certificate
 Licence Number (ARN) _____ Date and place of last medical examination _____

Q3 - WAS THE LICENCE AT Q2 ISSUED IN YOUR CURRENT NAME?

Yes - goto Q4 No - enter name → Name if different _____

Identification

Please attach a copy of one form of identification which shows your full name such as Medicare Card, Passport identification page, financial institution credit card, student identification card, drivers licence. Ensure the copy is legible.

CASA's Privacy Policy on the collection and release of personal licensing information

CASA collects information in accordance with the Civil Aviation Act 1988, Civil Aviation Regulations, Civil Aviation Safety Regulations and Civil Aviation Orders for the purposes of personnel licensing, issuing civil aviation authorisations and medical certification. The information is routinely released to government departments and agencies, statutory authorities, Airservices Australia and mailing houses which send out safety and other related information on behalf of CASA.

Q4 - APPLICANT'S DECLARATION

I hereby declare that the particulars set out in this application are true in every respect and the copy of the attached identification document is a true representation of the original and has not been altered in any way. Note - there are penalties for providing false and misleading information and may result in prosecution, fines and cancellation of civil aviation authorisations.
 I have read CASA's policy on the collection and release of personal licensing information and I authorise CASA to release information contained on this form in accordance with that policy.

Signature of Applicant _____ Date signed (dd/mm/yy) _____

CASA AREA/AIRLINE OFFICE USE ONLY

LARP Record (circle) ID Checked Applicant advised ARN _____
 Unarchived / Created / Updated _____ ARN Number _____

_____/_____/20_____
 Name of Issuing Officer _____ CASA Office _____ Date Issued (dd/mm/yyyy) _____

The Federal Government TimeSaver initiative aims to assess the time taken to complete Government Forms. Please indicate the approximate time taken to complete this form. Hrs Mins