



CASA Stamp:

IMPORTANT INFORMATION FOR APPLICANTS

- 1: This application form is for the purposes of an application for an initial Air Traffic Control (**ATC**) Licence, an application for an ATC Licence Exchange (replacing Form 907) and an application for additional ATC rating(s) (replacing Form 908).
- 2: Payment for processing this application form 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.
- 3: This form can be completed electronically and saved locally to your computer. Once the ARN has been entered on 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.
- 4: 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 may be returned to you for amendment. **Fields and sections marked with an * are mandatory.**

Applicant Details on Birth Certificate / Passport:

Title:* _____
 Family Name:* _____
 Given Names:* _____
 Date of Birth:* _____

Applicant ARN:*

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CONTACT DETAILS

Note: You are required to notify CASA of any changes to your personal contact information (refer to CASR 11.070). Correspondence, including permissions issued as a result of this application, will be sent by post to the current postal address according to CASA's records.

You should notify CASA of any changes using one of the following methods:

- Log onto the CASA Self Service Portal <https://portal.casa.gov.au/selfservice/>
- Submit Online Change of Details form <https://portal.casa.gov.au/casaforms/addrchange.htm>

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](#).

Type of Application:*

ATC licence and initial rating(s)

Complete Section A1, A2, Section B, C and D

Exchange Licence

Complete Section A1, A3, Section C and D

Additional ATC rating(s)

Complete Section A1, A2, Section B, C and D

Section A: Qualification Details*

1. Medical Details

Class 3 Medical Certificate Date of Issue : ____ / ____ / _____

Class 3 Medical Certificate Date of Expiry : ____ / ____ / _____

2. Rating(s)

Mark appropriate box/boxes for ratings you are applying for.

<input type="checkbox"/>	Aerodrome Control	<input type="checkbox"/>	Approach Control	<input type="checkbox"/>	Approach Radar Control
<input type="checkbox"/>	Area Control	<input type="checkbox"/>	Area Radar Control		

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3. Proof of Possession of ATC Licence (Exchange Applications ONLY)

Licence Number		Date of Issue	____ / ____ / ____
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Attach a photocopy of your full licence including:

- Front Page of existing licence showing date of issue.
- Page showing ratings held

Section B: Qualified Air Traffic Service Workplace Assessor (ATS WPA) Declaration

(Not required for Exchange applications) Mark all relevant boxes.

I, _____ (full name of person certifying) declare that:

1. I have sighted documentary evidence that the applicant successfully completed a training course relevant to:
 - the licence, and/or
 - the rating(s).
2. The applicant has:
 - Passed the appropriate written Rating examination(s),
 - Passed the appropriate written Endorsement examination(s), and
 - Been assessed by me and found competent to hold an Endorsement associated with each rating applied for.
3. If applicable (for initial ATC Licence & additional ATC Rating(s) only):
 - English Language Proficiency (minimum Level 4) assessment completed on ____ / ____ / ____

Signature of ATS WPA

_____ Date signed ____ / ____ / ____

Aviation Reference Number (ARN):

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The making of a false or misleading statement (including a statement which is misleading because of omission) in an application for a Commonwealth licence, permit or authority is an offence under section 136.1 of the Criminal Code, and is subject to a term of imprisonment up to 12 months.

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

	I am at least 18 years old
	Proof of possession of an ATC licence attached showing issue date & ratings (Exchange application ONLY) OR Not applicable
	ATS WPA declaration complete OR Not applicable (NOT required for Exchange application)
	Payment made online and receipt attached OR Payment Authorisation completed (cheque or money order attached if applicable)
	All sections of the form are completed and I have signed the application declaration

Section D: 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 Airservices Australia, Commonwealth, State and Territory government agencies (see www.casa.gov.au/privacy). I have attached all required documentation specified in the applicant checklist and acknowledge that to knowingly make a false statement is an offence against the *Criminal Code Act 1995* (Cth).

Signature: _____ Date: ____ / ____ / ____

**Air Traffic Controller (ATC) - Initial Licence/
Additional Rating & Exchange Application**

ARN:

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Payment Authorisation

Payment made online *Attach printed receipt and do not complete remainder of this page.*

Applicant Details

Given name:		Family name:	
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Licence Fees

Fee Code	Description	Total
<input type="checkbox"/> 14.1	Apply for an ATC Licence with initial Rating(s)	\$ 65
<input type="checkbox"/> 14.2	Apply for additional ATC Rating(s)	\$ 65
<input type="checkbox"/> 14.1	Apply for exchange licence	\$ 65
<input type="checkbox"/> WALLETS	Request an ATC Licence Booklet (optional)	\$ 15
Total Cost:		\$ _____

Details of Third Party Payment

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

Payment Options*

- I have enclosed a Cheque or Australian Money Order **(please make cheques payable to CASA)**
- I am paying by credit card – please ensure you complete ALL details below including the card holder name and the total amount

I hereby authorise the Civil Aviation Safety Authority to debit the following amount from my:		MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>																				
Card Number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>																					Expiry Date: ____ / ____	
Card Holder Name (please print):			Total: \$ _____																				
Signature:			Date: ____ / ____ / ____																				

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

- **Email** clarc@casa.gov.au
- **Mail to:** CASA Licensing and Registration Centre
 GPO Box 2005
 CANBERRA ACT 2601

Paid Stamp

Receipt No:	Initial: