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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). Provide details below and attach a certified true copy.

ASIC Number:		ASIC Expiry Date:	____(mth) / ____ (yr)
ASIC Issuing Body:			

- I am at least 18 years of age and hold a valid Aviation Identification (AVID).

- AVID application form attached

3. Aeronautical Experience (Hours)* Refer to CASR 61.595 / 61.615

To be eligible for a CPL(H), 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: 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 or as tethered time.

- A:** For **integrated** training courses (CASR 61.595)

Note: Flight time in a helicopter must be completed in a registered or recognised helicopter.

Type of Experience Required	Minimum Hours	Actual Hours
Total Aeronautical Experience (includes on all categories)	Not less than 100	
Total Flight Time as Pilot of a Helicopter	Not less than 90	
Total Pilot in Command Time in a Helicopter	Not less than 35	
Total Cross-Country Pilot in Command Flight Time in a Helicopter	Not less than 10	
Total Instrument Time (on all categories)	Not less than 10	
Total Instrument Flight Time in a Helicopter	Not less than 5	
Tethered time	Not greater than 5	

- B:** For **non-integrated** training courses (CASR 61.615):

Type of Experience Required	Minimum Hours	Actual Hours
Total Aeronautical Experience (includes on all categories)	Not less than 150	
Total Flight Time as a Pilot (on all categories)	Not less than 140	
Total Flight Time as Pilot of a Helicopter	Not less than 70	
Total Pilot in Command Time in a Helicopter	Not less than 35	
Total Cross-Country Pilot in Command Flight Time in a Helicopter	Not less than 10	
Total Instrument Time (on all categories)	Not less than 10	
Total Instrument Flight Time in a Helicopter	Not less than 5	
Tethered time	Not greater than 5	

**Commercial Pilot (Helicopter) Licence
Australian Civil Trained 100 & 150 Hours**

ARN:

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Grant of commercial pilot licence with helicopter category rating on basis of old requirements (CASR 202.277A).

C: 125 hours total flight time in a helicopter **OR 105** hours if the applicant undertook special training course and completed the final 30 hours within 3 months.

Type of Experience Required	Minimum Hours	Actual Hours
Total Flight Time as pilot of a helicopter	Not less than 125 Or Not less than 105	
General flight time - dual	Not less than 40	
General flight time – pilot in command (PIC)	Not less than 25	
Cross-country flight time	Not less than 25	
Cross country flight time - PIC	Not less than 10	

D: 70 hours total flight time in a helicopter if holds a **CPL(A)** or **CPL(G)**, **OR 60** hours if the applicant undertook special training course and completed the final 30 hours within 3 months.

Type of Experience Required	Minimum Hours	Actual Hours
Total Flight Time as pilot of a helicopter	Not less than 70 Or Not less than 60	
General flight time - dual	Not less than 30	
General flight time – pilot in command (PIC)	Not less than 20	
Cross-country flight time	Not less than 5	
Cross-country flight time - PIC	Not less than 3	

E: 80 hours total flight time in a helicopter if holds a **PPL(A)** or **PPL(G)** **OR 70** hours if the applicant undertook special training course and completed the final 30 hours within 3 months.

Type of Experience Required	Minimum Hours	Actual Hours
Total Flight Time as pilot of a helicopter	Not less than 80 Or Not less than 70	
General flight time - dual	Not less than 30	
General flight time – pilot in command (PIC)	Not less than 20	
Cross-country flight time	Not less than 15	
Cross-country flight time - PIC	Not less than 5	

4. Aeronautical Knowledge Exam* Refer to CASR 61.580(2)(a)

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 assessment and the assessment report was submitted to CASA (Flight Crew Licensing).

I have completed an English language assessment - attach assessment.

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? (eg, 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? Note: 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

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

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

<input type="checkbox"/>	I meet the security requirements, and have attached a certified true copy of my ASIC, if applicable OR
<input type="checkbox"/>	AVID renewal application attached
<input type="checkbox"/>	I hold at least a current ICAO level 4 English Language Proficiency Assessment OR
<input type="checkbox"/>	Assessment report is attached
<input type="checkbox"/>	Flight test report page completed and attached
<input type="checkbox"/>	Online payment receipt attached OR
<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 OR
<input type="checkbox"/>	Form 61-9TX is attached OR
<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	CASA holds my current photo (submitted within the previous 10 years) OR
<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: Certification by Person 61.235 Complete prior to flight test

Training Organisation: _____													
I certify that the applicant has complied with the following:													
<input type="checkbox"/> Applicant will be at least 18 at the time of the flight test – CASR 61.580(1)													
<input type="checkbox"/> Applicant passed the relevant aeronautical knowledge examination – CASR 61.580(1)													
<input type="checkbox"/> Applicant completed flight training requirements for the licence CASR 61.195(2)													
<input type="checkbox"/> Applicant has the minimum aeronautical experience for the CPL(H) set out in CASR 61.595 or 61.615 and the hours are entered in this form													
<input type="checkbox"/> Applicant has a current level 4 or above English Language Proficiency Assessment – CASR 61.235(2)(a)(v) OR													
<input type="checkbox"/> Assessment report is attached													
<input type="checkbox"/> I certify him/her for a Commercial Pilot Licence (Helicopter) flight test.													
Signature of Person	Date	Printed Name	ARN Person										
_____	____ / ____ / ____	_____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										

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Section E: 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.

Single Engine Class Rating Type Rating*: _____

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

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"/> Float Alighting Gear	<input type="checkbox"/> Retractable Undercarriage	<input type="checkbox"/> Gas Turbine Engine
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Flight Test Number	Date ____ / ____ / ____	Route Flown											
<p>I certify that I conducted a Commercial Pilot Licence (Helicopter) flight test in accordance with the Part 61 Manual of Standards where the:</p> <p><input type="checkbox"/> Applicant was at least 18 at the time of the flight test – CASR 61.580(1)</p> <p><input type="checkbox"/> Applicant passed the relevant aeronautical knowledge examination – CASR 61.580(1)</p> <p><input type="checkbox"/> Applicant has satisfied me that he/she has sufficient knowledge in any competency standard mentioned in the KDR to safely exercise the privileges of the licence, where a pass in the aeronautical exam sat after 1 November 1998, is less than 100%</p> <p><input type="checkbox"/> Applicant completed flight training requirements for the licence - CASR 61.195(2)</p> <p><input type="checkbox"/> Applicant has the minimum aeronautical experience for the CPL(H) set out in CASR 61.595 or 61.615 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 – CASR 61.415</p> <p><input type="checkbox"/> Aircraft was suitable for a CPL(H)flight test - CASR 61.245 and Part 61 MOS</p> <p><input type="checkbox"/> Applicant demonstrated a standard that met the standards specified in the Part 61 Manual of Standard for the Commercial Pilot Licence (Helicopter)</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 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										

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Payment Authorisation

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

Applicant Details *

Surname:		Given Names:	
Mobile:*		Email:*	

* These details will be used to follow-up payment issues only. These details will NOT be updated in CASA's database.

Licence Fees *

Fee Code	Description	Total
<input type="checkbox"/> 24.6 004	Issue of Commercial Pilot Licence (Australian Trained) – processing and consideration	\$ 80
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; width: 100px; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table> <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 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
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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