



CASA Stamp:	Training Organisation Stamp and/or Contact Details: (not mandatory)
--------------------	---

IMPORTANT INFORMATION FOR APPLICANTS

- 1: This form is to be used by applicants applying for a Recreational Pilot Licence and helicopter category rating after completing training and a flight test with a flying school.
 - 2: You must submit a current photo (not more than 6 months old) with this application using Form 61-9PIC – Lodgement of Current Photo with CASA.
 - 3: For security requirements associated with the issue of this licence please refer to the [ASICs and AVID](#) page.
 - 4: To be eligible for a RPL(H), you must have passed the RPL Aeronautical Knowledge Exam for the helicopter category set by your training organisation.
 - 5: CASA must ensure an applicant is a fit and proper person before issuing a permission. Therefore the information requested in *Section A5* is still required, even if you hold a valid ASIC or AVID.
 - 6: If you want an RPL endorsement to be issued on your licence, Form 61-1RE must be completed and submitted with THIS application.
 - 7: Payment for this application 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.
 - 8: This form can be **completed electronically and saved locally** to your computer. Once the ARN has been entered into 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.
 - 9: If you do not have an ARN, you must submit **Form 1162** (Aviation Reference Number (ARN) Application) including appropriate identification with THIS application. This will satisfy the mandatory requirement for the ARN.
 - 10: 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 will be returned to you for amendment.
- Fields marked with an * are mandatory.**

Applicant Details as per Birth Certificate / Passport:

Title:* _____

Family Name:* _____

Given Names:* _____

Date of Birth:* _____

Applicant ARN:*

--	--	--	--	--	--	--	--

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](#).

--	--	--	--	--	--	--	--

Section A: Qualification Details

1. Medical Details Refer to CASR 61.1300(3)(b)

- Class 1 or 2 Medical Recreational Aviation Medical Practitioners Certificate

Place of Medical Examination	Date of Examination* ____/____/____	Expiry Date of Medical* ____/____/____	Doctor's Name
------------------------------	--	---	---------------

2. Security Check Requirements* Refer to Aviation Transport Security Regulations 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).
- I am under 18 years of age and an Australian citizen
- I am under 18 years of age and **not** an Australian citizen – please provide details for an immigration status check):
Nationality: _____ Passport Number: _____
Arrival date (most recent): ____/____/____ Place where you entered Australia: _____
- ASIC/AVID application form attached

3. Flight Time* Refer to CASR 61.475

To be eligible for a RPL(H), applicants must have at least the following **minimum** aeronautical experience BEFORE the flight test. You must ensure you meet the experience requirements specified in the regulations.

Type of Experience required	Minimum Hours	Actual Hours
Total flight time as pilot (helicopter)	Not less than 25	
Dual flight time (helicopter)	Not less than 20	
Solo flight time (helicopter)	Not less than 5	

4. Aeronautical Knowledge Exam* Refer to CASR 61.475(2)

- I have passed the required aeronautical knowledge exams

5. English Language Proficiency Requirements Refer to Refer to Part 61 Manual of Standards

Select the option below that applies to you

- I have previously completed an Aviation English Language Proficiency or General English Language Proficiency assessment and the assessment report was submitted to CASA (Flight Crew Licensing)
- I meet the requirements for general English language under form 61-9GELP – attach notification
- I have been assessed as meeting English language proficiency under form 61-9ELP – 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

--	--	--	--	--	--	--	--

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).

.....

.....

.....

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

<input type="checkbox"/> <input type="checkbox"/>	I meet the security requirements, and have attached a certified true copy of my ASIC (if applicable) OR ASIC/AVID application attached
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I hold a General English Language Proficiency Assessment OR I hold at least a current ICAO level 4 Aviation English Language Proficiency Assessment OR Assessment/notification report is attached (Form 61-9ELP or 61-9GELP)
<input type="checkbox"/>	Flight test report page completed and attached
<input type="checkbox"/> <input type="checkbox"/>	Form 61-1RE attached OR Not applicable
<input type="checkbox"/> <input type="checkbox"/>	Online payment receipt attached OR Payment Authorisation completed (cheque or money order attached if applicable)
<input type="checkbox"/>	Current photo (not more than 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 (see [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: ____ / ____ / ____
----------------------------	--------------------------

--	--	--	--	--	--	--	--

Section D: Certification by Person under CASR 61.235* Complete before flight test

Training Organisation:											
I certify that the applicant has complied with the following: Applicant will be at least 16 at the time of the flight test – CASR 61.475(1) Applicant passed the relevant aeronautical knowledge examination – CASR 61.475(2) Applicant completed flight training requirements for the licence CASR 61.195(2) Applicant has the minimum aeronautical experience for the RPL(H) set out in CASR 61.475 and the hours are entered in this form											
I recommend him/her for a Recreational 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> </tr> </table>								

Section E: Declaration of the Flight Examiner* Refer to CASR 202.263(2)

1. Class or Type Rating

Specify the class of aircraft in which the flight test was conducted.

Single Engine Class Rating

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
---	--

Flight Test Number	Date ____ / ____ / ____	Route Flown								
Comments										
<p>I certify that I conducted a Recreational Pilot Licence (Helicopter) flight test in accordance with the Part 61 Manual of Standards where the:</p> <p>Applicant was at least 16 at the time of the flight test – CASR 61.475(1) Applicant meets the English language proficiency requirements - CASR 61.265 Applicant passed the relevant aeronautical knowledge examination – CASR 61.475(2) Applicant completed flight training requirements for the licence CASR 61.195 (2) Applicant has the minimum aeronautical experience for the RPL(H) set out in CASR 61.475 and the hours are entered in this form Applicant held at least a CASA class 2 medical certificate or a Recreational Aviation Medical Practitioner's Certificate at the time of the flight test - CASR 61.1300 (3)(b) Aircraft used was suitable for a RPL(H) flight test - CASR 61.245 and Part 61 Manual of Standards Applicant demonstrated competency in the standards specified in the Part 61 Manual of Standards for the RPL(H)</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> </tr> </table>								

--	--	--	--	--	--	--	--

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"/> 24.6 002	Issue of Recreational Pilot Licence (Australian Trained) – processing and consideration	\$ 50
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: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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

--

Receipt No:	Initial:
-------------	----------