



<p>CASA Stamp:</p>	<p>Training Organisation and/or Contact Details: (not mandatory)</p>
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IMPORTANT INFORMATION FOR APPLICANTS

1: If you do not *currently* have a CASR Part 61 licence document, you **must** submit Form 61-9TX. Refer to the form for further information. If CASA does not have a photo of you that is less than 10 years old, you must also submit Form 61-9PIC.

2: For security requirements associated with the issue of this licence please refer to the [ASICs and AVID](#) page.

3: To be eligible for an MPL, you must have passed relevant Aeronautical Knowledge Exams. The Result Advice/Knowledge Deficiency Report (RA/KDR) must be provided to the Flight Examiner for review. Relevant exam codes include:

- CLWA + CADA + CFPA + CHUF + CMET + CNAV + CSYA – 7 subject-part exams; and
- AALW + AASA + AFPA + AHUF + AMET + ANAV + APLA – 7 subject-part exams; and
- IREX

Exams sat and passed prior to November 1998 may also be considered. Please contact FCL for advice by email fcl.exams@casa.gov.au.

4: CASA must ensure an applicant is a fit and proper person before issuing a permission. Therefore the information requested in *Section A6* is still required, even if you hold a valid ASIC or AVID.

5: A recommendation by the Person under CASR 61.235 (5) is NOT required to be completed for an ATPL flight test.

6: 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.

7: 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.

8: 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 and sections marked with an * are mandatory.**

<p>Applicant Details as per Birth Certificate / Passport:</p> <p>Title:* _____</p> <p>Family Name:* _____</p> <p>Given Names:* _____</p> <p>Date of Birth:* _____</p>	<p>Applicant ARN:*</p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>						

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 Space 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](#).

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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)
- ASIC/AVID application form attached

3. Aeronautical Experience (Hours) Refer to CASR 61.660(1)

To be eligible for an MPL, 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: Flight time in an aeroplane must be completed in a registered or recognised aeroplane.

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.

Type of Experience Required	Minimum Hours	Actual Hours
Total aeronautical experience	Not less than 240	
Total flight time as pilot of an aeroplane	Not less than 40	
Total solo flight time in an aeroplane	Not less than 10	
Total cross-country pilot in command flight time in an aeroplane	Not less than 5	
Total simulated flight time (in an approved FSTD)	Balance of hours	

4. Aeronautical Knowledge Exam Refer to CASR 61.655(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 Proficiency assessment and the assessment report was submitted to CASA (Flight Crew Licensing).
- I have completed an English Language Proficiency assessment - attach assessment.

6. Fit and Proper Person Requirements* Refer to CASR 11.055 and Aviation Transport Security Regulations 2005 regulation 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?	Yes	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)	Yes	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.	Yes	No
Is suspension or cancellation action pending in relation to any aviation licence you hold?	Yes	No

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If you have answered yes to any of the questions above, please provide details on the next page. 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.

	I meet the security requirements, and have attached a certified true copy of my ASIC, if applicable OR ASIC/AVID application attached
	I have completed an approved course of training in Multi-Crew Cooperation and evidence of completion provided
	I hold at least a current ICAO level 4 English Language Proficiency Assessment, OR Assessment report is attached
	Flight test report page completed and attached
	Online payment receipt attached OR Payment Authorisation completed (cheque or money order attached if applicable)
	I have previously notified CASA of any CAR 5 endorsements to be issued on my CASR Part 61 licence OR Form 61-9TX is attached
	CASA holds my current photo (submitted within the previous 10 years) OR 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 (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 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:

Name: _____ email: _____

Signature: _____	Date: ____ / ____ / ____
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Section D: Certification by Person under CASR 61.235 (5)* Complete prior to flight test

Training Organisation:													
<p>I certify that the applicant has complied with the following:</p> <p>Applicant will be at least 18 at the time of the flight test – CASR 61.655</p> <p>Applicant passed the relevant aeronautical knowledge examination – CASR 61.655</p> <p>Applicant completed flight training requirements for the licence CASR 61.195 (2)</p> <p>Applicant has the minimum aeronautical experience for the MPL set out in CASR 61.660 and the hours are entered in this form</p> <p>Applicant has a current level 4 or above English Language Proficiency Assessment CASR 61.235(2)(a)(v), OR</p> <p>Assessment report is attached</p> <p>I certify him/her for a Multi-Crew Pilot Licence flight test.</p>													
Signature of Person	Date ____ / ____ / ____	Printed Name	ARN Person <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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

1. Class or Type Rating

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

Type Rating*: _____

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

Simulator ID Number:

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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.

	Tailwheel Undercarriage		Pressurisation System		Gas Turbine Engine
	Retractable Undercarriage		Floatplane		Multi Engine Centreline Thrust
	Manual Propeller Pitch Control		Floating Hull		Ski Landing Gear

Flight Test Number	Date ____ / ____ / ____	Route Flown
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I certify that I conducted Multi-Crew pilot licence flight test in accordance with the Part 61 Manual of Standards where the:

Applicant was at least 18 at the time of the flight test – CASR 61.655

Applicant passed the relevant aeronautical knowledge examination – CASR 61.655

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%

Applicant completed flight training requirements for the licence CASR 61.195 (2)

Applicant has the minimum aeronautical experience for the MPL set out in CASR 61.660 and the hours are entered in this form

Applicant has a current level 4 or above English Language Proficiency Assessment CASR 61.235(2)(a)(v) or assessment attached

Applicant held at least a CASA class 1 medical certificate at the time of the flight test – CASR 61.1300(3)(b)

Aircraft was suitable for a MPL flight test - CASR 61.655(3)

Flight test was conducted under the IFR using published Multi-Crew procedures

Applicant demonstrated a standard that met the standards specified in the Part 61 Manual of Standards for the Multi Crew Pilot Licence

Note flight test reports for failed flight tests must be attached if not already submitted

Signature of Flight Examiner	Date ____ / ____ / ____	Printed Name	ARN Flight Examiner <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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 Multi-crew 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; vertical-align: middle;"><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></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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