



CASA Stamp:

**IMPORTANT INFORMATION FOR APPLICANTS**

- 1: For further information regarding UAV applications, please contact the UAV Specialist at [uas@casa.gov.au](mailto:uas@casa.gov.au).
- 2: All certificates issued will be as for visual line of sight (VLOS). There are different options available for the issue of a certificate beyond VLOS (BVLOS). This will require an instrument rating iaw CASR101.295(2)(c). Refer to the CASA website for further information ([http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC\\_100374](http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC_100374)).
- 3: If you hold a private pilot licence or higher, you will already satisfy the requirements of holding a flight radio operators licence (FROL) or aircraft radiotelephone operator certificate of proficiency (AROC), have passed the relevant exams and possibly the requirement for an instrument rating. Please ensure you send your application to the UAV specialist for review prior to submitting to CASA Licensing and Registration Centre.
- 4: If you are applying for an exemption for the instrument rating requirement, you must send a written statement to the UAV Specialist, detailing your intentions for the use of the privilege, BEFORE you submit this application to CASA Licensing and Registration Centre.
- 5: UAV type training options include:
  - Manufacturer training
  - UAV Operator Certificate (UOC) holder training
  - Manufacturer agent training
  - Approved flying training organisations
- 6: 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 marked with an \* are mandatory.**

**Applicant Details as per 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.

**Have you updated your personal and contact details with CASA?**

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>

**Section A: Application Type \***

- Issue
- Variation
- Add an aircraft type

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**Section B: Qualification Details**

**1. Qualifications Held\*** (Please attach copies)

Do you hold an UAV Controller Certificate?

Yes → UAV Controller Certificate Number: \_\_\_\_\_  
 No

Do you have an existing pilot licence?

Yes →  PP(A)L  PP(H)L  CP(A)L  CP(H)L  ATP(A)L  ATP(H)L  
 No

Do you have a command instrument rating (CIR)?

Yes → Date of Expiry: \_\_\_ / \_\_\_ / \_\_\_  
 No

Other licence or certificates held:

Licence or Certificate	Number	Ratings or Endorsement
Air Traffic Control Licence:		
Flight Service Officer Licence:		
Flight Radio Operator Licence: *		
Aircraft Radio Operator Certificate of Proficiency: *		
Military Flight Crew Qualification:		

\* One or other is a mandatory requirement if the applicant does not hold any other licence types.

**2. Aeronautical Knowledge\*** Other than for qualifications in Section B1. Please attach copies if applicable.

To be eligible for a UAV Controller Certificate, applicants must have passed at least the PP(A)L or PP(H)L Aeronautical Knowledge Exam.

Select the exam series you passed and enter the date

	Exam Code
<input type="checkbox"/> PP(A)L or PP(H)L Single Exam      ___ / ___ / ___	PPLA or PPLH
<input type="checkbox"/> Other: _____      ___ / ___ / ___	
<input type="checkbox"/> Command Instrument Rating Exam      ___ / ___ / ___	IREX
<input type="checkbox"/> IREX Exam Exemption      Instrument Date: ___ / ___ / ___	Instrument Number: _____

**3. UAV Type Training Course\*** Conducted by manufacturer, approved agent, etc. Refer to Important Information paragraph 5 on page 1.

Name of course	Organisation	Date of completion ___ / ___ / ___
UAV type		

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**4. UAV Aeronautical Experience (Hours)\*** - Refer to CASR 101.295(2)(e)

To be eligible for a UAV Controller Certificate, applicants must have at least the following minimum aeronautical experience.

- 5 hours UAV Operating experience

Enter your aeronautical experience hours and provide logbook evidence

	UAV Operating Experience	Remarks
Enter hours →		

**5. Variation to Certificate**

UAV type: \_\_\_\_\_

Reason for variation of UAV Controller Certificate:

.....

.....

.....

**Section C: Applicant Checklist\*** Enter 'Y' or 'N' in applicable boxes. Refer to CASR 1998 101 Subpart F.4

<input type="checkbox"/>	Certified true copy of qualifications attached (other than for pilot licence or instrument rating)
<input type="checkbox"/>	I hold a Flight Radiotelephone Operator's Licence or Aircraft Radio Operator Certificate of Proficiency, <b>OR</b>
<input type="checkbox"/>	A completed application (Form 638) has been lodged with CASA / or is attached
<input type="checkbox"/>	Examination results page and Knowledge Deficiency Report (KDR) are signed and attached, <b>OR</b>
<input type="checkbox"/>	I hold a CASA issued pilot licence of PPL or higher.
<input type="checkbox"/>	I seek an exemption from completing the IREX (Instrument attached), <b>OR</b>
<input type="checkbox"/>	I hold an Instrument Rating
<input type="checkbox"/>	Certified true copy of evidence of completing a UAV Type Training Course attached (if applicable)
<input type="checkbox"/>	Logbook evidence attached
<input type="checkbox"/>	Payment Authorisation completed (cheque or money order attached if applicable)
<input type="checkbox"/>	All sections of the application form are filled in 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 Commonwealth, State and Territory government agencies (see [www.casa.gov.au/privacy](http://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*.

Signature: _____	Date: ____ / ____ / ____
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**Payment Authorisation**

**Applicant Details \***

Surname:		Given Names:	
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**Licence Fees \***

Fee Code	Description	Total
<input type="checkbox"/> 17.5	Certificate of person as a UAV – processing and consideration of application	\$ 160
<b>Total Cost:</b>		\$ _____

**Details of Person Making Payment (if not the Applicant)**

The receipt will be sent to the applicant's current postal address unless CASA is advised otherwise.

Individual's <b>or</b> Organisation's Full Name:		
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:		<b>Mastercard</b> <input type="checkbox"/>	<b>Visa</b> <input type="checkbox"/>
Card Number:	<input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	Expiry Date: ____/____	
Card Holder Name (please print):	.....	Total: \$ _____	
Signature:	.....	Date: ____ / ____ / ____	

Attach this Payment Authorisation Form (and Cheque / Money Order / Purchase Order) to the Application Form.

- **Mail to:** CASA Licensing and Registration Centre  
CASA  
GPO Box 2005  
CANBERRA ACT 2601
- **Fax to:** 1300 737 187

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