Australian Government
Civil Aviation Safety Authority

FORM 1162

Aviation Reference Number (ARN) Application

Use this form to apply for an Aviation Reference Number ARN.
If you have been issued with an ARN previously and do not know the number please contact CLARC at CASA on 1300 737 032.

Entries should be written in CAPITALS and with a black or dark blue ink pen.

Submit the form by mail to CLARC, CASA, GPO Box 2005, Canberra, ACT 2601; or
by faxing to 1300 737 187 (International fax number +61 2 6217 1899)

Q1 – ENTER YOUR PERSONAL DETAILS [complete or enter N/A as appropriate]

Family Name | Given Name | Other Given Names

Previous Family Name | Previous Given Names

☐ Male ☐ Female Title: | Date of Birth / / | Nationality

Current Residential Address (PO Box not accepted)

Address Line 1
Address Line 2
Town/City
State | Postcode
Country

Current Postal Address (if different to residential address)

Address Line
Address Line
Town/City
State | Postcode
Country

Work Phone ( ) | Home Phone ( ) | Mobile Phone ( )

Email Address @ | Fax ( )

Identification

Please attach a copy of one form of identification that shows your full name such as Passport identification page, drivers licence, birth certificate, etc. Ensure the copy is legible.

Q2 – HAVE YOU HELD ANY OF THE FOLLOWING AUSTRALIAN LICENCES?

☐ Yes – Mark below ☐ No – goto Q4

☐ Flight Crew Licence ☐ Aircraft Maintenance Engineer Licence ☐ Air Traffic Services Licence ☐ Aviation medical Certificate

Licence Number (ARN) | Date and place of last medical examination:

Q3 – WAS THE LICENCE AT Q2 ISSUED IN YOUR CURRENT NAME?

☐ Yes – goto Q4 ☐ No → Name if different:

CASA's Privacy Policy on the collection and release of personal licensing information

CASA collects information in accordance with the Civil Aviation Act 1988, Civil Aviation Regulations, Civil Aviation Safety Regulations and Civil Aviation Orders for the purposes of personnel licensing, issuing civil aviation authorisations and medical certification. The information is routinely released to government departments and agencies, statutory authorities, Airservices Australia and mailing houses which send out safety and other related information on behalf of CASA.

Q4 - APPLICANT'S DECLARATION

I hereby declare that the particulars set out in this application are true in every respect and the copy of the attached identification document is a true representation of the original and has not been altered in any way. Note - there are penalties for providing false and misleading information and may result in prosecution, fines and cancellation of civil aviation authorisations.

I have read CASA's policy on the collection and release of personal licensing information and I authorise CASA to release information contained on this form in accordance with that policy.

Signature of Applicant _____ Date signed (dd/mm/yy) / /

Please send material relating to this application by email: ☐ Yes ☐ No
I am aware of, and accept, the risk that information sent via email may be intercepted and read during transmission, not delivered or modified. (If you do not accept the risk, material will be sent by post.)

For information on CASA's Privacy Policy, please visit http://www.casa.gov.au/tools/privacy/index.htm

The Federal Government TimeSaver initiative aims to assess the time taken to complete Government forms.
Please indicate the approximate time taken to complete this form. Hrs Mins

CASA OFFICE USE ONLY

☐ ID Checked ☐ ARN created ☐ Applicant advised ARN ARN

Print Name of Issuing Officer | / / Date issued (dd/mm/yyyy)