



Skills Assessment for the purpose of migration

Aeroplane/Helicopter

Purpose of this form

This form is used by individuals to apply for a Skills assessment for the purpose of migrating to Australia.

Who is this form for?

This form is for individuals who hold a CASA Part 61 Commercial or Air Transport Pilot licence for the purpose of applying for a visa through the Department of Immigration and Border Protection.

Information needed to complete this form

CASA can only issue a skills assessment to aeroplane and helicopter pilots, who hold a relevant Australian flight crew licence and a Class 1 medical certificate which would enable them to obtain employment in the Australian aviation industry as a professional pilot. This requirement means applicants must hold either a Commercial Pilot Licence (CPL) or an Air Transport Pilot Licence (ATPL) that has been issued by CASA. You must have completed an Aviation security background check and passed and not been found adverse, to exercise the privileges of the flight crew licence.

Applicants **who do not hold** a relevant Australian flight crew licence authorisation will need to convert their relevant foreign flight crew licence qualifications to the Australian equivalent. Conversion to an Australian flight crew licence will normally require applicants to travel to Australia and undergo written examinations, aviation security background checks, a medical assessment and flight tests. Details of how to convert a foreign licence to an Australian licence can be found on [CASA's website](#).

Upon receipt of your skills assessment application, CASA will assess and determine if your qualifications are suitable to engage in professional employment. CASA may contact referees and past/current employers you have disclosed to verify information supplied in this form in relation to professional piloting experience.

The Skilled migration scheme requires evidence that you have at least five years' experience in the professional piloting role for which you may be seeking employment to be eligible under a Skilled migration scheme. **The five years professional piloting experience must also immediately precede the date of submission of the skills assessment application.**



We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly

Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➔ Go to' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✗
- if you see '➔ Go to' go to the question number shown, you do not need to answer the questions in between

Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You will need an ARN to complete this form.

If you do not have an ARN, [apply for an ARN](#).

Contact details

CASA will use the currently held contact and applicant details based on your ARN.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the Civil Aviation (Fees) Regulations 1995 and may constitute a criminal offence.

Privacy

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 civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Policy](#).

For more information

Go to the [CASA website](#) or call us on 131 757.

Applicant

1 What are the **applicant** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Full name

ARN

Contact number

Email address

2 Are you the **primary contact person** for this application?

No

Yes

Contact person

3 What are the **contact person** details?

Contact details will be used for this application only, including any questions.

Full name

Position (Agent, Secretary)

Contact number

Email address

4 What are you **applying** for (select one)?

Aeroplane

Helicopter

Aeronautical experience

5 What is your **aeroplane experience** (enter all hours)?

Day

Type of experience	Actual hours
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Dual

Co-pilot

ICUS (In command under supervision)

PIC (Pilot In Command)

Night

Type of experience	Actual hours
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Dual

Co-pilot

ICUS (In command under supervision)

PIC (Pilot In Command)

6 What is your **helicopter experience** (enter all hours)?

Day

Type of experience	Actual hours
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Dual

Co-pilot

ICUS (In command under supervision)

PIC (Pilot In Command)

Night

Type of experience	Actual hours
--------------------	--------------

Dual

Co-pilot

ICUS (In command under supervision)

PIC (Pilot In Command)

7 What is your **other aeronautical experience** (enter all hours)?

Type of experience	Actual hours
Instrument flight time	
Instrument ground time	
Instructor Flight Time Single Engine	
Instructor Flight Time Multi Engine	

Employment experience

8 Have you had at least 5 years **post-qualification professional piloting experience** using the flight crew qualifications for which you are seeking assessment?

The 5 years professional piloting experience must also immediately precede the date of submission of the skills assessment application before CASA will consider your application.

No You cannot apply for a Skills Assessment for migration at this time

Yes

9 Provide evidence of the relevant work and operational experience in the fields below.

For each area of work or experience, you must provide documentation to support your experience. This may include letters from your employers that confirms your professional piloting experience and copies of log book entries that support your application.

 **Attach documents confirming your employment experience**

Declaration

10 I declare that:

- I give permission to my current and/or past employer/s noted in question 9 to provide CASA with information in relation to my prospective employment.
- I hold the relevant CASA Part 61 FCL, Medical certificate and Aviation security background check.
- All statements in this application are true and correct in every particular and that I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgement.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Agent

An authority must be provided if the person making this declaration is **not** the individual or an office holder of the entity named in question 1.

 **Attach authority**

Applicant
ARN

Application fees

Please select the required fees in this application, the total will be automatically tallied below.

Fee code: 24.8..... **Total: \$ 100**

Description: Skills Assessment for the purpose of migration.

Total
\$

Payment options

Option 1 (CASA preferred option)

Make an online payment.

Choose the service category then 'Add', select the service you are making the payment for, enter your ARN and family name/surname.

Provide the online receipt number below

Submit both the Payment Authorisation and Application:



By email – attach this form and all supporting documents. Send them to applications@casa.gov.au



By post – return this form and all supporting documents to:

CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601

Option 2

I hereby authorise the Civil Aviation Safety Authority to **debit** the following amount from my:

Card number

Mastercard

Visa

Cardholder name (please print)

Expiry (MM/YY)

/

Total

Signature

Date (DD/MM/YYYY)

\$

/ /

Receipt Options Applicant **or** Third party (provide details below)

Details of third party

ARN (if applicable)

Email

Legal entity/full name

Contact number