FLIGHT CREW LICENCE CHECK REQUEST

Please complete this form and submit it to the address or email shown opposite.

Note:
1. Requests normally require 5 working days.
2. Form must be completed and signed by the applicant.
3. The ATSB will not send this requested information to third parties.

Requested by:
Name/Title:
ARN:
Address:
Email:
Phone:
Fax:
Date required:
Reason for request:

Search Details Requested:
- [ ] Accident/s and Incident/s
- [ ] Accident/s only
- [ ] Incident/s only

Comment (if required):

Confirming your identity:
A certified true copy of your licence must be received by the ATSB before your request will be processed.

The copy must be certified by a person prescribed under the Statutory Declarations Regulations 1993 and should be annotated: I certify this to be a true copy of the original sighted by me.

I certify that the above details are true and correct.

Licence holders signature:

Date:

Privacy: Information you supply will be stored and used by the ATSB for the purpose of processing your request in accordance with the ATSB’s Privacy Policy, accessible at www.atsb.gov.au