



Payment Advice – Medical Certificates

APPLICANT DETAILS			ARN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Name	<input type="text"/>	First Name	Other Names	<input type="text"/>					
Current Postal Address	<input type="text"/>		Date of Birth	/ / (dd/mmm/yyyy)					
		State:	Postcode:						

FEES FOR MEDICAL CERTIFICATES

Tick box to identify which fee is being paid.

15.1	Issue of Class 1 medical certificate – processing and consideration of application	(\$75)	\$
15.3	Issue of Class 2 medical certificate – processing and consideration of application	(\$75)	\$
15.5	Issue of Class 3 medical certificate – processing and consideration of application	(\$75)	\$
15.7	Reconsideration of application – processing and consideration of application	(\$150)	\$
15.8	Extension of medical certificate – processing and consideration of application	(\$50)	\$
24.2	Provide a copy of a medical certificate (eg provide a fax copy or replace a lost certificate)	(\$25)	\$
Total cost			\$

DETAILS OF PERSON MAKING PAYMENT (IF NOT THE APPLICANT)

Family Name	<input type="text"/>	First Name	Other Names	<input type="text"/>
Company name	<input type="text"/>	Contact Phone	<input type="text"/>	
Postal Address	<input type="text"/>		State	<input type="text"/>
	<input type="text"/>		Postcode	<input type="text"/>

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

PAYMENT ADVICE

For payment by Credit Card – details below

Mastercard	Bankcard	Visa	Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Expiry Date	/	<input type="text"/>	<input type="text"/>	
Card Holder Name (please print)			<input type="text"/>			Total	\$ <input type="text"/>
Signature					Date:	/ /

If payment is being made by Cheque or Australian Money Order, please attach . Please make cheques payable to **CASA**.

CASA Use Only

Phone payment details	Payment date: / /	Time:	CASA Officer's Name
Receipt details	Date payment received: / /20	Receipt Number	

PAYMENT OPTIONS:

- ATTACH THIS PAYMENT ADVICE (AND CHEQUE, MONEY ORDER) TO THE MEDICAL EXAMINATION REPORT.
- POST TO CLARC - CASA, GPO BOX 2005, CANBERRA ACT 2601.
- FAX TO 1300 737 187 (+61 2 6217 1640 from outside of Australia).
- PHONE (CREDIT CARD PAYMENT ONLY) TO CLARC AT 1300 737 032 (+61 131 757 from outside Australia).

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