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Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to cns.atm@casa.gov.au.

Purpose of this form

Use this form to apply for an initial issue, change or renewal of an Aeronautical Information Service (AIS) provider certificate under *Civil Aviation Safety Regulations 1998* (CASR).

Who is this form for?

This form is for an eligible person as described in CASR Subpart 175.040 when applying to CASA for a certificate authorising the person to provide an AIS.

Only the Commonwealth, Airservices Australia (AA) or a person who proposes to provide the AIS in cooperation or by arrangement with AA can apply [CASR 175.040]. An application cannot be made by 2 or more persons jointly or on behalf of a partnership [CASR 175.040(3)].

Information needed to complete this form

Applicants should review CASR Subpart 175.B and AIS applicable ICAO documents.

It is a requirement that the application include the details shown in CASR 175.045. The application must be accompanied by a copy of the applicant's proposed (or amended) exposition that complies with CASR 175.200.

To complete this form the accountable manager must have an ARN.

Upon submission of this application, CASA will provide applicants with a fee estimate for the regulatory service prior to the processing of this application. The estimate of costs will outline the payment required before CASA can start the assessment of the application (unless the client holds an account with CASA).

Before the application can be assessed, you must:

- pay the initial payment in accordance with the estimate (unless the client holds an account with CASA)
- submit all supporting documents listed in the estimate letter

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by [changing your details](#) on the CASA website.

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.

For more information

Go to the [CASA website](#) or [contact us](#).

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update contact details via [changing your details](#).

Legal entity/full name

ARN

Phone number

Email address

2 What is the address of the **operational headquarters**?

Unit/number

Street name

Suburb

State/territory

Postcode

3 Is the organisation registered in Australia?

No → [Go to 4](#)

Yes → [Go to 5](#)

4 Where was the organisation incorporated?

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

No → [Go to 6](#)

Yes → [Go to 7](#)

Contact person

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

Contact details will be used for this application only, including any questions and/or fee estimates.

Full name

ARN (If applicable)

Position/ Role

Phone number

Email address

7 If a corporation, what are the names of **all** corporate officers in your organisation?

Refer to Section 9 of the Corporations Act 2001

Full name	Position

 Attach additional pages if required

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

Initial issue [➔ Go to 9](#)

 Attach a copy of the proposed exposition

Changes to the existing certificate [➔ Go to 9](#)

Renewal certificate - no changes [➔ Go to 10](#)

 Attach a copy of your current exposition

9 Continued

Hours the service is available

Area of Australian territory, and the aerodromes, airspace and ATS routes that the service covers

Aeronautical information services

9 What type of services are you proposing to provide or change (select all that apply)?

AIS

Physical address where the service is provided

Unit/number

Street name

Suburb

State/territory

Postcode

9 Continued

NOTAM

Physical address where the service is provided

Unit/number

Street name

Suburb

State/territory

Postcode

Hours the service is available

Area of Australian territory, and the aerodromes, airspace and
ATS routes that the service covers

9 Continued

Briefing

Physical address where the service is provided

Unit/number

Street name

Suburb

State/territory

Postcode

Hours the service is available

Area of Australian territory, and the aerodromes, airspace and
ATS routes that the service covers

Application checklist

10 Select/specify attachments:

Proposed/current exposition is attached

Compliance matrix is attached (optional)

If other supporting documents are attached please specify

This area has been intentionally left blank

This area has been intentionally left blank

Accountable manager's declaration

11 I certify that:

The applicant named in question 1 **can and will** operate in accordance with its exposition and Subpart 175.B of CASR

I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

Privacy

Any personal information you provide to CASA, as part of this application, is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our [privacy statement](#) and [privacy policy](#).

Fees

I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

ARN of Accountable Manager

Signature

Date (DD/MM/YYYY)

/ /

Role authority

12 In what capacity are you making this declaration?

Self

Director

Agent

Other, please specify:

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**

Submitting this form to CASA



By email – send this form with all supporting documents attached to cns.atm@casa.gov.au