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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 national.operations@casa.gov.au.

Purpose of this form

Use this form if you are a non-DAMP organisation applying for the approval of your organisation's DAMP-like program, or seeking changes/renewal to your organisation's approved DAMP-like program.

Who is this form for?

This form is for organisations that are requesting approval of a DAMP-like program under CASA EX93/23 — Implementation of DAMPs (Provision of Safety-Sensitive Aviation Activities by Non-DAMP Organisations) Instrument 2021 that complies with Subpart 99B of the *Civil Aviation Safety Regulations 1998* (CASR).

Information needed to complete this form

This form should be submitted along with a copy of your organisation's DAMP-like program which includes your DAMP-like education program. You can find information to help you develop your program on the [CASA website](#).

The person you list as your DAMP-like program contact officer, must have an ARN. They must also be registered with CASA, using the DAMP contact officer form, prior to completing this application.

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 need to provide the organisation's ARN and have authority to act on behalf of the entity.

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](#).

1 What are you applying for?

Initial approval

Variation approval to the current CASA approved DAMP

Renewal

Applicant

2 What are the **organisation** details?

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

Legal entity

ARN

Organisation type

Phone number

Email address

DAMP-like program contact officer

3 What are the **Contact Officer's** details?

The Contact Officer must have an ARN. This form is not used to update the organisation's nominated contact officer details. To make updates complete the [DAMP Contact Officer form](#) prior to submitting this application.

Full name

ARN

Phone number

Email address

Applicant checklist

4 Select all that apply:

Copy of the organisation's DAMP-like program

Copy of the organisation's DAMP-like education program

If other please specify:

5 I declare:

- All statements in this notice are true and correct.

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

- This satisfies the requirement for me to sign 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

Date (DD/MM/YYYY)

/ /

Role authority

6 In what capacity are you making this declaration?

- Self
- Director
- Agent
- Executor
- 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 2.

 Attach authority

Submitting this form to CASA

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