



Aerodrome Rescue and Fire Fighting Service (ARFFS) Training Provider

CASR Part 139.H MOS

Purpose of this form

Use this form to seek CASA accreditation to deliver Aerodrome Rescue and Fire Fighting Service (ARFFS) training, as detailed in the MOS Part 139.H - Chapter 19.

Who is this form for?

This form is for training providers seeking CASA accreditation as a training provider of ARFFS competencies.

Information needed to complete this form

The following information is required to complete this form:

- Registered Training Organisation (RTO) details, including Australian Skills Quality Authority (ASQA) certification; or details of partnership with a third party RTO
- Location and organisational structure of the training establishment, including key RTO personnel
- Training package(s) to be provided



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](#).

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

CASA will use the currently held contact details linked to your ARN profile.

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](#).

Legal entity/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 and/or fee estimates.

Full name

Position (Agent, Secretary)

Contact number

Email address

Training location

4 What is the **training location**?

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Proposed commencement date (DD/MM/YYYY)

/ /

5 What are the **Principal RTO Officers** 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

 **Attach organisational chart if required**

6 What are the **Principal Training Officer/Manager** 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

 **Attach qualifications**

7 What are the **Assessing Officer/Manager** 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

 **Attach qualifications**

Training information

8 What are the **training information** details?

Documentary evidence in support of all matters in this application may be requested.

Location of training facility

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Course 1

Practical training facilities available

Code

Title

Extent

Course 2

Practical training facilities available

Code

Title

Extent

 **Attach evidence of ASQA certification for each course offered**

 **Attach additional pages if required**

Application checklist

- 9** Select all that apply:
- Organisational Chart is attached
 - Training package(s) are provided
 - RTO details are attached
 - ASQA certification or details of a partnership with a third party RTO is attached
- If other please specify

Declaration

- 10** I declare that:
- I am authorised to make this application and hold the role indicated below.
 - 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 acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
 - 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 have attached all required documentation specified in the application checklist.
 - 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

ARN

Date (DD/MM/YYYY)

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In what capacity are you making this declaration?

For example: Self, Director, 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**

Returning your form



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



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

CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601