



Aerodrome Rescue and Fire Fighting Service (ARFFS) Training Provider

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Download this form before you begin

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 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

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?

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

Legal entity/full name

ARN

Phone number

Email address

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

No → [Go to 3](#)

Yes → [Go to 4](#)

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)

Phone 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

Phone 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

Phone 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

Phone 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

This area has been intentionally left blank

This area has been intentionally left blank

10 I declare:

- All statements in this application are true and correct.
- I am authorised to make this application and hold the role indicated below.

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

ARN

Date (DD/MM/YYYY)

/ /

Role authority

11 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

Choose one option only



By email – send this form with all supporting documents attached 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**