



# ATS Training Provider Certificate Checklist

Reference: CASR Part 143

The processing officer(s) must complete this checklist to ensure that each step of the application process is completed prior to issuing a Certificate to an ATS training provider.

Tick each box to indicate the satisfactory completion of the task. Also note the date of completion of each task against the box.

Sign and date this form and file it on the appropriate file when the process is completed.

File raised _____ File No. _____		Compliance with Part 143 Regulations	
1	Acknowledgment of application within 7 days <input type="checkbox"/>	020 <input type="checkbox"/>	085 <input type="checkbox"/>
2	Face-to-face meeting <input type="checkbox"/>	025 <input type="checkbox"/>	090 <input type="checkbox"/>
3	Pre-certification audit of facilities completed <input type="checkbox"/>	055 <input type="checkbox"/>	125 <input type="checkbox"/>
4	Two copies of documentation provided by applicant <input type="checkbox"/>	060 <input type="checkbox"/>	130 <input type="checkbox"/>
5	Application checked for completeness <input type="checkbox"/>	070 <input type="checkbox"/>	160 <input type="checkbox"/>
6	Documentation assessed against regulation 143 and MOS <input type="checkbox"/>	075 <input type="checkbox"/>	165 <input type="checkbox"/>
7	All training facilities assessed as acceptable and approved by Regulatory Services Division <input type="checkbox"/>	080 <input type="checkbox"/>	
8	Applicant assessed as being able to provide a service <input type="checkbox"/>	<b>Compliance with MOS Part 143 Chapters</b>	
9	Certification granted/declined <input type="checkbox"/>	2 <input type="checkbox"/>	
10	Applicant advised of outcome <input type="checkbox"/>	<b>Compliance with MOS Part 65 Chapters</b>	
11	Certificate issued <input type="checkbox"/>	3 <input type="checkbox"/>	
12	Documentation manual/s endorsed and returned <input type="checkbox"/>	4 <input type="checkbox"/>	
13	Regulatory Services Division notification completed and data entered on ASSP <input type="checkbox"/>	5 <input type="checkbox"/>	
14	Notify Compliance Division of new provider to be included in their audit schedule <input type="checkbox"/>		
15	New provider listed on the CASA Web Page <input type="checkbox"/>		
16	Ensure compliance with entry in Air Navigation Documentation—e.g. ERSAs/NOTAM <input type="checkbox"/>		

Signed: ..... Date: ...../...../.....

Name and Position: ..... Assessing Officer