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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](mailto:cns.atm@casa.gov.au).

### Purpose of this form

Use this form to apply for an initial issue, change or renewal of a Data Services Provider (DSP) certificate under *Civil Aviation Safety Regulations 1998 (CASR)*.

### Who is this form for?

This form is for a person to apply to CASA for a certificate authorising the person to conduct a data service(s).

Data service providers are authorised to publish aeronautical data, aeronautical information or aeronautical charts, or to supply aeronautical data, that pilots may use as an alternative to the Integrated Aeronautical Information Package and aeronautical charts published by AIS providers.

An application cannot be made by 2 or more persons jointly or on behalf of a partnership [CASR 175.280(2)].

### Information needed to complete this form

Applicants should review *CASR Subpart 175.C*.

It is a requirement that the application include the details shown in *CASR 175.285*. The application must be accompanied by a copy of the applicant's proposed (or amended) exposition that complies with *CASR 175.380*.

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 your contact details via [changing your details](#).

Legal entity/full name

ARN

Phone number

Email address

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

### 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 (Agent, Secretary)

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

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

#### **Initial certificate issue**

Attach a copy of the proposed exposition

➔ [Go to 9](#)

#### **Changes to the existing certificate**

Describe proposed changes to your certified services. Include an amended exposition copy identifying the changes

➔ [Go to 9](#)

#### **Renewal certificate without changes**

Attach a copy of your current exposition

➔ [Go to 11](#)

 Attach a copy of exposition

## Data service activities

**9** What type of data service activity are you proposing to conduct or change (select all that apply and provide details)?

Publishing aeronautical data, information and/or charts

List of products	Area of coverage

Supplying aeronautical data in a database for use in navigation equipment or systems

List of products	Area of coverage

Provide additional comments or details of changes

## Application checklist

**10** Select all that apply:

A copy of my exposition is attached

A copy of my exposition compliance matrix is attached

Attach a copy of exposition and compliance matrix against all CASR Part 175.380(1) requirements

If other supporting documents are attached please specify

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## 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.C 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](mailto:cns.atm@casa.gov.au)