



## This form is now available online

Use myCASA for reliable and secure form submissions and payments.

Go to **myCASA** >

OR



### 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 [national.operations@casa.gov.au](mailto:national.operations@casa.gov.au).

### Purpose of this form

Use this form to identify a person who will be your organisation's primary contact with CASA regarding the responsibilities of your DAMP.

### Who is this form for?

This form is for organisations that are required to develop a DAMP that complies with Part 99B of *Civil Aviation Safety Regulations 1998* (CASR).

### Information needed to complete this form

The nominated contact officer must have an ARN.

### 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 **organisation** details?

Your contact details must be current. Update contact details via [changing your details](#).

Legal entity name

ARN

Phone number

Email address

### 2 What permissions does your organisation hold?

Air Operator's Certificate

Aerodrome

AP Design

Part 171 or 172

Certificate of Approval

Part 145

FAAOC

Manufacturing organisation

Part 141

Other (please specify)

## DAMP contact officer details

### 3 What are the **contact officer's** details?

Full name

ARN

Position (Agent, Secretary)

Phone number (business hours)

Phone number (after hours)

Email address

## Applicant checklist

### 4 Are you attaching any documents to this application?

**No** → [Go to 5](#)

**Yes** specify below

**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 1 or 3.

 Provide authority

**Submitting this form to CASA**



By email – send this form with all supporting documents attached to [national.operations@casa.gov.au](mailto:national.operations@casa.gov.au)