

STANDARD FORM RECOMMENDATION

Job No: *^insert EAP Case number^*
To: The Delegate
From: *^insert name of recommending officer^*
Subject: *^insert job description – same as Title field in the EAP Case General tab^*

Operator Details

Name: *^insert Operator name^*
ARN: *^insert Operator ARN^*
Existing Certificate Number: *^insert certificate number^ - ^insert certificate revision number^*

Application Details

The applicant has applied for *^insert job description – same as the Description field in the EAP Case General tab^*

Background

^insert text providing pertinent information, and describe any changes to the application details^

Available Options

^delete any text not applicable^

- Issue the Air Operator's Certificate.
- or
- Do not issue the Air Operator's Certificate.

Recommendation

^delete the following paragraph if application is being refused^

I recommend that you grant the certificate authorising the permission/activities applied for, and as per the draft certificate located in RMS *^insert RMS document number of the approved draft certificate version^*, or with the following changes/conditions/limitations (if applicable):

- *^list changes required^*

^delete the following paragraph if key personnel not applicable^

The following key personnel have been approved:

- *^list approved key personnel^*

IN CONFIDENCE

The following key personnel should be removed/deactivated from the system:

- *^list key personnel^*

The following special design features should be permitted:

^delete any that are not permitted^

Aeroplane

- Amphibious Operations
- Float Alighting Gear
- Floating Hull
- Pressurisation
- Ski Landing Gear

Helicopter

- Float Alighting Gear
- Floating Hull

^delete the following paragraph if no expiry date applies^

I recommend that the certificate expire at the end of *^insert month and year^* for the following reasons: *[Note - the reasons stated will form the basis as the Statement of Reasons provided to the applicant]*

- *^List reasons^*

^delete the following paragraph if all approvals/activities applied for are recommended for issue^

I confirm that the applicant has been advised by my office of approvals/activities applied for which have **not** been recommended. Those approvals/activities have not been recommended for the following reasons:

[Note - the reasons stated will form the basis as the Statement of Reasons provided to the applicant]

- *^list reasons^*

^delete the following paragraph if application is not being refused^

I recommend that you do not grant the certificate, or approve the variations/changes to the certificate as applied for, for the following reasons: *[Note - the reasons stated will form the basis as the Statement of Reasons provided to the applicant]*

- *^List reasons^*

Basis for recommendation

Both Airworthiness and Flying Operations have carried out the assessment in accordance with the AOC Manual. I am satisfied about the matters referred to in section 28 of the Civil Aviation Act.

Additional Details:

All documents relevant to this application and assessment are filed in RMS file number *^insert RMS file number^*.

IN CONFIDENCE

Finance

The job has been completed in accordance with the Fee Estimator and reassigned to the Permission Application Centre for reconciliation.

Implications of taking recommended action (eg possible PR/political):

^delete as required^

There would be no negative implications for CASA.

or

^explain the possible negative consequences of this action^

Assessor:
Recommended / Not Recommended:

Signed:.....

Name:

Title:

Office:

Date:

Reviewer:
Recommended / Not Recommended:

Signed:.....

Name:

Title:

Office:

Date:

IN CONFIDENCE

Delegate:
Recommended / Not Recommended:

Signed:.....

Name:

Title:

Office:

Date:

Additional Comments:
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Permissions Issue use only

<p><u>Prepared by:</u> Name: Title: Date:</p>	<p><u>Checked by:</u> Name: Title: Date:</p>
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