



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 apply to CASA for an initial issue, renewal or change to a CASA approval as an Air Traffic Service Training Provider under the *Civil Aviation Safety Regulations 1998* (CASR). Application for renewal or renewal with change must be submitted **at least 90 days prior** to the existing expiry date.

For this form, the terminology variation and change are interchangeable.

Who is this form for?

This form is for an eligible person described in Subpart 143.B of CASR – Approval as an ATS training provider.

Information needed to complete this form

Information required to complete this form can be found in Division 143.F.2 of CASR – Approvals.

Applicants for initial issue or to renew a CASA approval need to include:

- copy of the (proposed) Operations Manual
- organisational chart
- a written statement setting out the details of the training relating to air traffic services that the applicant proposes to provide
- a written statement setting out details of the relevant qualifications and experience of the applicant and applicant's personnel, including the number of suitably qualified personnel who will be involved in providing the training
- advice all instructors and assessors are certified
- enough information to show that the applicant is a registered training organisation (RTO) whose registration
 - is in force; and
 - is for training delivery covering the training
- a written statement describing the arrangements the applicant has made to comply with the requirements of Part 143 of CASR - Subparts 143.C and 143.D
- current non compliances with Part 143 of CASR
- address of the principal training operations centre

Applicants for a **variation to an approval (change)** need to include:

- proposed variation to approval; and
- additional Part 143 training operations, and/or
- additional Part 143 changes, as required.

Applicants for a **renewal with variation (change)** need to include all documents stated above.

Upon submission of this application, CASA will provide the applicant 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 applicant holds an account with CASA).

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

Legal entity/full name

ARN

Trading name (if applicable)

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 (e.g. CEO, Agent, Secretary, Director)

Phone number

Email address

 **Attach authority if applicable**

Part 143 certificate

4 What are you **applying** for (select one)?

Initial issue

Renewal only

Renew with change

Change only

What is your preferred commencement/renewal date?

(DD/MM/YYYY)

/ /

Address

5 What is the address of the **principal training operations centre** for air traffic service training?

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Part 143 training

6 What are the Part 143 training details for the approval you require?

Documentary evidence may be requested

N/A = not applicable

| Action | Location of Part 143 training operations | Air Traffic Service training operations to be provided | Facilities installed | Facilities operative | Staff engaged | Training operations can be demonstrated |
|--------|--|--|----------------------|----------------------|---------------|---|
| Insert | | | No | No | No | No |
| Remove | | | Yes | Yes | Yes | Yes |
| Retain | | | N/A | N/A | N/A | N/A |
| Insert | | | No | No | No | No |
| Remove | | | Yes | Yes | Yes | Yes |
| Retain | | | N/A | N/A | N/A | N/A |
| Insert | | | No | No | No | No |
| Remove | | | Yes | Yes | Yes | Yes |
| Retain | | | N/A | N/A | N/A | N/A |
| Insert | | | No | No | No | No |
| Remove | | | Yes | Yes | Yes | Yes |
| Retain | | | N/A | N/A | N/A | N/A |

 **Attach additional proposed/existing Part 143 training details, if required**

 **Attach the safety work that supports your proposed training changes**

Non-compliance details

7 What are your **current non-compliances** with Part 143 of CASR? Provide details below

| CASR reference | Details of non-compliance | Reason for non-compliance |
|----------------|---------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

 **Attach additional current non-compliances with Part 143 of CASR, if required**

Application checklist

8 Select/specify attachments:

Declaration authority, if applicable

Operations Manual

Organisation chart

Additional proposed Part 143 training, if required

Current non-compliances with Part 143 of CASR, if required

Additional Part 143 changes, if required

Safety work that supports the changes, as required

Additional current non-compliance with Part 143 of CASR, if required

If other, please specify:

This area has been intentionally left blank

This area has been intentionally left blank

9 I declare:

- All statements in this application 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.
- I have used my best efforts to identify all Commonwealth, state and territory environmental protection legislation that governs the aviation-related activities I will be engaging in under the authorisation for which I am applying. I recognise and understand these obligations and will endeavour in good faith to comply with the applicable requirements specified in that legislation.
- 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

10 In what capacity are you making this declaration?

- Self
- CEO
- 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