

Application

Drug and Alcohol Management Plan (DAMP)

Contact officer

CASR Part 99



Download this form before you begin

Please download and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information. Send this form and any attachments to 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 <u>changing your</u> 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

What are the organisation details?

Your contact details must be current. Update contact details via <u>changing your details</u>.

Legal entity name

ARN

Phone number

Email address

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

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

Applicant declaration

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 <u>privacy statement</u> and <u>privacy policy</u>.

- 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)

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Submitting this form to CASA



By email — send this form with all supporting documents attached to National.operations@casa.gov.au