



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 attached with the relevant forms as mentioned below.



This form must be submitted with 145-01, 42-01, 547 or 21.J02 application forms. This cannot be submitted on its own

Purpose of this form

Use this form to submit the details of individuals being nominated as Key Personnel, including the specific position for which the nomination is made. A separate Form 4 is required for each nominated position and for every applicable Part.

Who is this form for?

This form is intended for Operators and organisations approved under Part 145, Part 42, Part 147 or Part 21J to submit the details of each nominated or appointed Key Person / Manager. It must accompany an initial application or a Significant Change notification.

Information needed to complete this form

You are required to disclose information relating to the suitability of nominees to hold this position in the organisation. This includes knowledge, qualifications, experience, and compliance history.

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](#).

Organisation

1 What are the **organisation** details?

This is the entity who holds or will hold the certificate.

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

Legal entity/ full name

ARN

Certificate approval number if applicable

Nominated personnel

2 What are the **nominated personnel** details?

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

Full legal name

ARN

Phone number

Email address

Nominated position

3 What is the Nominated position this application is for?

CASR Part 42 Substantive Alternative

Accountable Manager
Continuing Airworthiness
Manager
Responsible Manager
Quality Manager

CASR Part 145

Substantive Alternative

Accountable Manager
Responsible Manager
Quality Manager
Safety Manager

CASR Part 147

Note: the position of Responsible Manager in 147 could be the Quality Manager, Training Manager, or Examination Manager

Substantive Alternative

Accountable Manager
Responsible Manager

CASR Subpart 21J


Substantive Alternative

Head of Design
Accountable Manager

Experience, Knowledge & Qualifications

4 Supply details of the below for the nominated person

- Qualifications
- Relevant work experience
- Relevant knowledge
- Other CASA approvals currently held by the nominated person

 Attach additional pages if required

Information Required under CASR 11.055

5 You are required to disclose any matter relating to your fitness to hold an authorisation. As noted in the guidelines this includes matters bearing on the suitability of the nominated person to hold the nominated position

No

Yes

Has any action been taken against you or is any action in the process of being taken?

No

Yes

Have you been refused the issue of a transport related licence, certificate, rating or authority by any organisation? (e.g. pilot's licence, pilot certificate, driver's licence, boating licence)

No

Yes

Is there suspension or cancellation action pending in relation to any aviation licence you hold?

No

Yes

Are there any other matters relating to your fitness to hold an authorisation, including serious behavioural problems?

No

Yes

If you have answered YES to any of the questions, please provide details about dates, actions, charges, convictions and imprisonment in Australia and overseas

Applicant checklist

6 Select all that apply:

Qualifications of nominated person is attached

Relevant experience of nominated person is attached

Relevant knowledge of nominated person is attached

Other CASA approvals currently held by nominated Person is attached

Details of matters relating to CASR 11.055 is attached

If other please specify



Attach additional pages if required

7 I declare:

- All statements in this application 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](#).

- 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

Signature

Date (DD/MM/YYYY)

/ /

Submitting this form to CASA



This form must be submitted with 145-01, 42-01, 547 or 21.J02 application forms. This cannot be submitted on its own

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CASA USE ONLY

Name and signature of CASA Inspector who assessed the nominated person named in Question 2 has been assessed for the position selected in Question 3 acceptable for the nominated position.

Once assessed, a copy of the completed and signed CASA Form 004 must be returned to the nominee.

Inspector full name

CASA position

CASA division

Signature

Date (DD/MM/YYYY)

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