



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 surveillance@casa.gov.au.

Purpose of this form

Use this form to notify CASA of your details in preparation for a Part 131 surveillance activity under the *Civil Aviation Safety Regulations 1998* (CASR).

Who is this form for?

This form is for Part 131 balloons and hot air airships operations certificate holders, in response to a CASA request for information.

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.

For more information

Go to the [CASA website](#) or [contact us](#).

Part 131 holder details

1 What are the **Authorisation Holder** details?

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

Authorisation Holder name

ARN

Legal entity name

ACN or ABN

Phone number

Email address

Part 131 administration contact details

2 What are the **administration** contact details?

The administration email address will be used for providing the surveillance reports.

Full name

Position (Agent, Secretary)

Phone number

Email address

Key personnel details

3 Who is the **Chief Executive Officer (CEO)** for the upcoming surveillance?

Full name

ARN

Phone number

Email address

4 Who is the **Head of Flying Operations (HOFO)**?

Full name

ARN

Phone number

Email address

5 Who is the **Alternate Head of Flying Operations (AHOFO)**, if applicable?

Full name

ARN

Phone number

Email address

6 Who is the **Head of Training & Checking**, if applicable?
Full name

ARN

Phone number

Email address

7 Who is the **Head of Aircraft Airworthiness & Maintenance Control (HAAMC)**, if applicable?
Full name

ARN

Phone number

Email address

8 Who is the **Safety Manager/Officer**?
Full name

ARN

Phone number

Email address

9 Who is the **Operations Manager**, if applicable?
Full name

ARN

Phone number

Email address

10 Who is the **DAMP contact officer**, if applicable?
Full name

ARN

Phone number

Email address

Authorisation Holder addresses

11 What is the **office address** of the business?

If a company, this is the official business address registered with Australia Securities and Investments Commission (ASIC).

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

12 What is the **physical address** where you carry out your main aviation activity?

Same as the office address of the business

Differs from office (business) address, insert below

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

13 What is the **postal address** where you want all your correspondence sent?

Same as the office address of the business

Differs from office (business) address, insert below

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

14 What is the **main operating base address**?

Same as the office address of the business

Differs from office (business) address, insert below

Unit/number

Street name


Suburb

State/territory

Postcode

Country (if not Australia)

- 15** Are there any **additional operating (base)** locations?
- No** → **Go to 16**
- Yes** Please provide details for additional operating (base) locations, include street, suburb, state and postcode

 Attach additional operating (base) locations

Authorisation Holder questions

- 16** Do you operate any specialised balloon operations?
- No**
- Yes** Provide list of aircraft registrations

-
- 17** How many pilots do you have?
- Full-time
- Casual

-
- 18** How many flights have you conducted in the last 12 months?

-
- 19** Has any other entity or trading name advertised for commercial operations under your Part 131 certificate in the last 12 months?
- No
- Yes, provide details:

- 20** Do you operate under a **micro-DAMP**?
- No** List the DAMP manual in the Operational library
- Yes**

-
- 21** Do you have an in-house **Flight Test Examiner (FTE)**?
- No**
- Yes**
- If you use a contracted FTE, provide details:

Carriers' liability insurance

- 22** Do you have **carriers' liability insurance** - Declaration of Insurance (DOI)?
- No**
- Yes** Provide the expiry date:
- Date (DD/MM/YYYY)
- / /

WHS induction

- 23** Do you have an online WHS induction course?
- No** → **Go to 24**
- Yes** Please provide WHS login details for CASA inspectors to undertake prior to any surveillance
- WHS login details

Operational library

24 What are the **Exposition** details?

Title	Last version number	Last version date


Audit reports

25 Is the Authorisation Holder willing to share third party audit reports with CASA?

No

Yes Provide details:

Auditor	Date	Findings

 Attach third party audit reports

Maintenance provider details

26 What are the maintenance provider details?

Certificate number	Name	Location

Declaration

27 I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this request for information:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my request for information
- 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 request for information, is protected by the *Privacy Act 1988*.

We will use the information provided to process this request for information and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your request for information.

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 request for information in accordance with that policy.

Full name

Signature

Date (DD/MM/YYYY)

/ /

Role authority

28 In what capacity are you making this declaration?

CEO

HOFO

HOTC

SM

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 surveillance@casa.gov.au