



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 surveillance@casa.gov.au.

Purpose of this form

Use this form to notify CASA of your details in preparation for a Part 138 surveillance activity.

Who is this form for?

This form is for Part 138 aerial work 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.

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](#).

Part 138 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 138 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)**?

Full name

ARN

Phone number

Email address

4 Who is the **Head of Operations (HOO)**?

Full name

ARN

Phone number

Email address

5 Who is the **Alternate Head of Operations (AHOO)**, 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 person responsible for **Continuing Airworthiness**?
Full name

ARN

Phone number

Email address

8 Who is the **Maintenance Controller**, if applicable?
Full name

ARN

Phone number

Email address

9 Who is the **Safety Manager**?
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 **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)

14 Are there any **additional operating (base)** locations?

 Provide additional operating (base) locations

No ➔ **Go to 15**

Yes Please provide details for additional operating (base) locations, include street, suburb, state and postcode

Manuals

15 What are the **Part 138 Operations Manual** details?

Current revision

Revision date (DD/MM/YYYY)

/ /

Is this manual on MAAT?

No

Yes

16 What are the **drug and alcohol management plan (DAMP)** or **micro-DAMP** details?

Current revision

Revision date (DD/MM/YYYY)

/ /

Authorisation Holder questions

Please answer the questions below in relation to your Authorisation

17 Do you operate? (select all that apply)

Transport Category aircraft

ASEA aircraft

Utility aircraft

Commuter aircraft

Normal aircraft

Restricted aircraft

18 How many flying hours have been conducted in the last 12 months?

19 How many pilots do you utilise?

20 If not conducting your own **Training & Checking (T&C)**, which training provider do you use?

Training provider name

Authorisation Holder Full name

ARN

21 What aircraft do you operate? (select all that apply)

Single-Engine aircraft

Multi-Engine (ME) aircraft <5700kg

Multi-Engine (ME) transport category rotorcraft with MTOW >3175kg

Multi- Engine aircraft with MTOW >5700kg

Turbine engine aircraft

22 What Part 138 activities have you conducted in the last 12 months?

External load

Fire-fighting

Human external cargo (incl. powerline and ESO)

Cargo

Towing

Other (please list)

Dispensing

Dropping

Spreading

Other (please list)

22 continued

Task specialist

Survey

Culling

Marine pilot transfer

Other (please list)

Carriage of fireground personnel

All weather operations

NVG operations

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



This area has been intentionally left blank


Audit reports

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

No → [Go to 25](#)

Yes Please provide details of third party audit.

Auditor	Date	Findings

 Provide additional operating (base) locations

Maintenance provider details

25 What are the Maintenance provider details?

Certificate number	Name	Location

This area has been intentionally left blank

26 I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this notice:

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

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

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 notice in accordance with that policy.

Full name

Signature

Date (DD/MM/YYYY)

/ /

Role authority

27 In what capacity are you making this declaration?

CEO

Head of Operations (HOO)


Alternate Head of Operations (AHOO)

Head of Training and Checking (HOTC)

Safety Manager (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.

 Provide authority

Submitting this form to CASA



By email – send this form with all supporting documents attached to surveillance@casa.gov.au