



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 21 manufacturing surveillance activity.

Who is this form for?

This form is for Part 21 production authorisation 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.

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](#).

Production authorisation holder details

1 What are the **production authorisation holder** details?

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

Production authorisation holder name

ARN

Trading name(s)

ACN or ABN

Phone number

Email address

2 What are the **administration** details?

The **administration** details will be used for providing the surveillance reports.

Full name

Position (Agent, Secretary)

Phone number

Email address

Key personnel details

3 Who is the **primary point of contact** for the upcoming surveillance?

Full name

ARN

Phone number

Email address

4 Who is the **Accountable Manager** for the upcoming surveillance, if applicable?

Full name

ARN

Phone number

Email address

5 Who is the **Quality Manager** for the upcoming surveillance, if applicable?

Full name

ARN

Phone number

Email address

6 Who is the **Production Manager**, if applicable?

Full name

ARN

Phone number

Email address

Production authorisation holder addresses

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

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

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

8 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

8 continued

Suburb

State/territory

Postcode

Country (if not Australia)

9 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)

10 Are there any **additional production** locations?

No → **Go to 11**

Yes Please provide details for additional production locations

 **Attach additional production locations**

11 What is the Quality Manual - PIS/FIS details?
Current revision

Revision date (DD/MM/YYYY)
/ /

Authorisation holder questions

Please answer the questions below in relation to your authorisation.

12 Please provide the total number of the following categories of employees:

Appointed persons

Technical workers

Administration staff

Work health and safety (WHS) induction

13 Do you have an online WHS induction course?

No ➔ **Go to 14**

Yes Please provide WHS login details for CASA inspectors to undertake prior to any surveillance.

WHS login details

Audit reports

14 Has the production authorisation holder had any National Airworthiness Authority (NAA) audits conducted in the last 12 months?

No ➔ **Go to 15**

Yes ➔ If so, are you willing to share the NAA audit reports?

NAA	Audit date(s)	Finding(s)	Finding(s) details (attach report if available)
		No Yes	

 **Attach NAA audit reports**

15 Has the production authorisation holder had any third-party audits conducted other than NAA audits?

No ➔ [Go to 16](#)

Yes ➔ If so, are you willing to share the third-party audit reports?

Auditor(s)	Audit date(s)	Finding(s)	Finding(s) details (attach report if available)
		No Yes	

 **Attach third party audit reports**

Failures, malfunctions, defects

16 Has the production authorisation holder reported any failures, malfunctions and/or defects under CASR 21.003?

No ➔ [Go to 17](#)

Yes ➔ Please provide details below

Total number of failures, malfunctions and defects:

Enter details of failures, malfunctions and defects:

Details	Date(s)

17 Has the production authorisation holder had any reported failures/in-service difficulties reported by their customers?

No → [Go to 18](#)

Yes → Please provide details below

Total number of failures/in-service difficulties:

Enter details of failures/in-service difficulties:

Details	Date(s)

18 Please provide a list of suppliers who furnish services and/or outsourcing related to production, including any changes since the last survey.

Supplier name(s)	Scope of Approval

19 Please provide the number of ARCs issued (e.g. Form 001)

Previous 12 months	Form tracking number	Aeronautical product description

Declaration

20 I declare:

- All statements in this notice are true and correct.

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

- This satisfies the requirement for me to sign 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 request for information, 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)

/ /

In what capacity are you making this declaration?

For example: Self, Director, Agent

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