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### 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 [regservices@casa.gov.au](mailto:regservices@casa.gov.au)

## Purpose of this form

Use this form to apply for a Subpart 42G Approval Certificate to provide continuing airworthiness management services for aircraft and personnel involved in these tasks.

## Who is this form for?

This form is for:

- an individual
- a corporation incorporated under the Corporations Act 2001
- a body incorporated under a law (other than the Corporations Act 2001) in force in Australia
- the Commonwealth, a State or a Territory
- an agency of the Commonwealth, a State or a Territory able to own property in their own right or
- a foreign corporation capable of providing some evidence of incorporation to establish that it exists as a legal entity

## Information needed to complete this form

You will need Nominated Personnel Approval (Form 004) for any new or amended key personnel:

- Accountable Manager
- Responsible Manager
- Continuing Airworthiness Manager
- Quality Manager

You should only apply for a CASA approval if you have an operational requirement for the approval and can demonstrate compliance with all the relevant regulatory requirements.

After receiving a completed application form, CASA will calculate and send you a cost estimate for the processing of your application and a list of any additional supporting documents required. You will need to pay the estimate and send additional supporting documentation with your payment for CASA to process the application.

## 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](#).

## Applicant

### 1 What are the **applicant** details?

The applicant/entity is the name the certificate is issued to.

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

Legal entity/full name

ARN

ABN/ACN (if applicable)

Contact number

Email address

### 2 What is the **main location** you are operating from?

Reference to the name of a facility (eg Smith Aero's Hangar) is not acceptable. You must provide address details such as those recorded on the property's rates notice.

Unit/Number


Street Name

Suburb

State/Province

Postcode

Country (if not Australia)

 Provide additional pages for other locations.

### 3 Do you want to add or remove a **Registered Business name** to/from the certificate?


You can request a registered business name to be included on your certificate. The name must meet the following criteria, otherwise the certificate will be issued with only the name provided in question 1:

- Its registration must be current at the time of issue of the certificate; and
- It must be registered only under the name of the proposed certificate holder (as proprietor at the time of issue of the certificate).

**No** → [Go to 4](#)

**Remove** List below:

**Add new** List below:

 Provide confirmation of the registered business name belongs to the certificate holder.

## Contact person

### 4 What are the **contact person** details?

Contact details will be used for this application only, including any questions and/or fee estimates.

Full name

Position

Contact number

Email address

- 5** Provide the revision details of the Manuals/exposition/documents you are submitting with this notification that contains your significant and/ or non-significant changes

Title of manual/document	Version/revision number	Version/revision date

Has the exposition been submitted in the Manual Authorising and Assessment Tool (MAAT)?

**No**

**Yes**

- 6** What are you **applying** for?

Initial issue\*\*

➔ **Go to 7**

Significant changes\*\*

➔ **Go to 7**

Renewal

➔ **Go to 19**

- 7** You are applying for a CASR part 42 initial/significant change related to:

a registered aircraft that is used to conduct a Part 121 operation that is a scheduled air transport operations; and

a registered aircraft that is used to conduct a Part 135 operation that is a scheduled air transport operation; and

a registered aircraft for which an election under regulation 202.181 is in force;

## Part 42 Key Personnel

You must ensure a **Form 004 - Nominated Personnel Approval** is attached for each nominated key personnel position, including evidence of their qualifications and experience.

**Initial issue:** complete all applicable key personnel sections relevant to your organisation.

**Significant change:** complete only the sections for the positions being changed - Movement of alternatives/standbys: if you are moving an alternate or stanby person into a primary role, you must list them in the main role section, and vice versa.

**If your significant change does not include any key personnel updates,** proceed to Q14. You are not required to list already-approved personnel.


- 8** What are the details of the **Accountable Manager**?

Full name

ARN

Phone number

Email address

 Additional form required - Nominated Personnel Approval (Form 004)


- 9** What are the details of the **Responsible Manager**?

Full name

ARN

Phone number

Email address

 Additional form required - Nominated Personnel Approval (Form 004)


**10** What are the details of the **Continuing Airworthiness Manager?**

Full name

ARN

Phone number

Email address

 Additional form required - Nominated Personnel Approval (Form 004)

**11** What are the details of the **Quality Manager?**

Full name

ARN

Phone number

Email address

 Additional form required - Nominated Personnel Approval (Form 004)

**12** What are the details and position of your **nominated additional alternate or standby key person?**


Full name

ARN

Phone number

**12 continued**

Email address

 Additional form required - Nominated Personnel Approval (Form 004)

**13** Are you **removing or replacing** any of your existing key personnel?

**No** ➔ [Go to 14](#)

**Yes** Please complete details below:

Full name

ARN

Phone number

Date (DD/MM/YYYY)

/ /

Full name

ARN

Phone number

Date (DD/MM/YYYY)

/ /



**15** Are you making other **significant changes** not covered in the above questions?

**No** ➔ **Go to 16**


**Yes** Provide summary of the Significant changes made and the associated sections/pages of your Exposition where the updates have been entered

 Provide additional pages if required

**16** Are you making any **non-significant** changes not covered in the above questions?

**No** ➔ **Go to 17**

**Yes** Provide summary of the non-significant changes made and the associated sections/pages of your Exposition where the updates have been entered

 Provide additional pages if required

## Application checklist

**17** Select all that apply:

For an initial issue or a significant change involving nominated personnel, Nominated Personnel Approval (Form 004) must be completed by the individual.

Exposition is attached

Maat Manual is submitted

Compliance Matrix is attached (Refer to Sample Exposition on the CASA website for the structure and format)

All required Nominated Personnel Approval (Form 004) for each nominated personnel is attached

If other please specify

## 18 I declare:

- All statements in this application are true and correct.
- I am authorised to make this application and hold the role indicated below.

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.
- I have used my best efforts to identify all Commonwealth, state and territory environmental protection legislation that governs the aviation-related activities I will be engaging in under the authorisation for which I am applying. I recognise and understand these obligations and will endeavour in good faith to comply with the applicable requirements specified in that legislation.
- 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](#).

### Fees

I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.

I accept if this application is withdrawn or refused by CASA, or if CASA is unable to assess this application because I have failed to provide the required information and/or documentation, I am liable to pay CASA fees for work conducted.

- 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)

/ /

## Role authority

### 19 In what capacity are you making this declaration?

Self


Director

Agent

Executor

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 – attach this form and all supporting documents. Send them to [regservices@casa.gov.au](mailto:regservices@casa.gov.au)