



Aerodrome Rescue and Fire Fighting Service (ARFFS) Provider

CASR Subpart 139.H

Purpose of this form

Use this form to apply for an approval to provide an Aerodrome Rescue and Fire Fighting Service (ARFFS) under the provisions of Subpart 139.H of the Civil Aviation Safety Regulations 1998 (CASR).

Who is this form for?

This form is for providers of ARFFS seeking an approval to provide an ARFFS on any aerodrome where the aerodrome meets the criteria specified in reg 139.755 (2) of CASR and Manual of Standards, Part 139.H Chapter 2.

Information needed to complete this form

Additional evidence may be required when submitting this application. After receiving your completed application, CASA will request a face-to-face interview to confirm the applicant has met the requirements specified in the MOS Part 139.H and the management of the applicant's training organisation complies with MOS Part 139.H paragraph 19.1.4.3.



We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly

Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➔ Go to' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✗
- if you see '➔ Go to' go to the question number shown, you do not need to answer the questions in between

Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You will need an ARN to complete this form.

If you do not have an ARN, [apply for an ARN](#).

If you are applying on behalf of an organisation, you need to provide the organisation's ARN and have authority to act on behalf of the entity.

Contact details

CASA will use the currently held contact details linked to your ARN profile.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

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.

Privacy

Any personal information you provide to CASA is protected by the Privacy Act 1988 (Cth). CASA can only collect, use and disclose that information in accordance with that Act.

CASA will use the information collected in this form for purposes associated with performing its functions under civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Policy](#).

For more information

Go to the [CASA website](#) or call us on 131 757.

Applicant

1 What are the **applicant** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Legal entity/full name

ARN

Contact number

Email address

2 Are you the **primary contact person** for this application?

No

Yes

Contact person

3 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 (Agent, Secretary)

Contact number

Email address

4 What are the **Principal Officers** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Full name

ARN

Contact number

Email address

 **Attach Financial Assessment if required**

Operational details

5 What are the operational details?

Category

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Proposed commencement date (DD/MM/YYYY)

/ /

 **Attach evidence if required**

6 I have completed, and can provide, **all** the following documentation/evidence.

If you are unable to provide documentation/evidence, it may result in processing delays.

- Assets and Liquidity Statement
- Hours of Coverage
- Current aircraft schedules
- Staff Roster
- Staff Competencies/Qualifications
- Safety Management System (SMS)
- Standard Operating Procedures (SOPs)
- Organisational Chart
- Operations Manual
- ARFFS Vehicle Performance and Specifications
- Extinguishing Foam Agent's details
- Extinguishing DCP Agent's details

 **Attach evidence**

7 What are the **Vehicles Performance** and **Specifications** details?

Attach details of operational facilities that enhance operational performance and response times.

Vehicle 1

Vehicle Model

ADR Compliant

MOS 139.H Chapter 5 Compliant

Water Capacity l

Foam Capacity l

DCP Capacity kg

Vehicle 2

Vehicle Model

ADR Compliant

MOS 139.H Chapter 5 Compliant

Water Capacity l

Foam Capacity l

DCP Capacity kg

 **Attach additional pages if required**

Declaration

8 I declare that:

- I am authorised to make this application and hold the role indicated below.
- All statements in this application are true and correct in every particular and that I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgement.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I have attached all required documentation specified in the application checklist.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

ARN

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Director, Agent, Executor

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**

Returning your form



By email – attach this form and all supporting documents.
Send them to cns.atm@casa.gov.au



By post – return this form and all supporting documents to:

CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601