

**Aeronautical Information  
Service Provider**

Initial issue/variation/renewal

CASR Part 175

**Purpose of this form**

Use this form to apply for an initial issue, change or renewal of an Aeronautical Information Service (AIS) provider certificate.

**Who is this form for?**

This form is for a person to apply to CASA for a certificate authorising the person to provide an AIS.

Only the Commonwealth, Airservices Australia (AA) or a person who proposes to provide the AIS in cooperation or by arrangement with AA can apply [CASR 175.040]. An application cannot be made by 2 or more persons jointly or on behalf of a partnership [CASR 175.040(3)].

**Information needed to complete this form**

Applicants should review CASR Subpart 175.B and AIS applicable ICAO documents.

It is a requirement that the application include the details shown in CASR 175.045. The application must be accompanied by a copy of the applicant's proposed (or amended) exposition that complies with CASR 175.200.

To complete this form the accountable manager **must** have an ARN.

Upon submission of this application, CASA will provide applicants with a fee estimate for the regulatory service prior to the processing of this application. The estimate of costs will outline the payment required before CASA can start the assessment of the application (unless the client holds an account with CASA).

Before the application can be assessed, you must:

- Pay the initial payment in accordance with the estimate (unless the client holds an account with CASA)
- Submit all supporting documents listed in the estimate letter



**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, ABN and ACN 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 What is the address of the '**operational headquarters**'?

### 3 Is the organisation registered in Australia?

**No**

**Yes**

### 4 Where was the organisation incorporated?

### 5 Are you the **primary contact person** for this application?

**No**

**Yes**

## Contact person

### 6 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

### 7 If a corporation, what are the names of **all** corporate officers in your organisation?

Refer to Section 9 of the Corporations Act 2001

### 8 What are you **applying** for (select one)?

#### **Initial certificate issue**

Attach a copy of the proposed exposition

#### **Changes to the existing certificate**

Describe proposed changes to your certified services. Include an amended exposition copy identifying the changes

#### **Renewal certificate without changes**

Attach a copy of your current exposition

 **Attach a copy of exposition**

## Aeronautical information services

**9** What type of services are you proposing to provide or change (select all that apply)?

AIS

**Physical address** where the service is provided

Area of Australian territory, and the aerodromes, airspace and ATS routes that the service covers

Hours the service is available

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NOTAM

**Physical address** where the service is provided

Area of Australian territory, and the aerodromes, airspace and ATS routes that the service covers

Hours the service is available

## 9 Continued

Briefing

**Physical address** where the service is provided

Area of Australian territory, and the aerodromes, airspace and ATS routes that the service covers

Hours the service is available

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## Application checklist

**10** Select all that apply:

A copy of my exposition is attached

A copy of my compliance matrix is attached (optional)

If other supporting documents are attached please specify

## Accountable manager's declaration

### 11 I certify that:

The applicant named in question 1 **can and will** operate in accordance with its exposition and Subpart 175.B of CASR

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 of Accountable Manager

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

**For example:** Self, Director, Agent

## Returning your form



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



By post – return this form and all supporting documents to:  
**Civil Aviation Safety Authority**  
**Air Navigation, Airspace and Aerodromes Branch**  
**GPO Box 2005 Canberra ACT 2601**