

**CAO 20.11 Approved  
Person/Senior Instructor**

Initial issue or renewal

CAO 20.11

**Purpose of this form**

Use this form to nominate an individual for either an initial assessment or renewal of a:

- CAO 20.11 Approved Person or
- Senior Instructor.

**Who is this form for?**

This form is to be completed by the Head of Training and Checking of a current Air Operator Certificate (AOC) holder.

**Information needed to complete this form**

If you are a current AOC holder you must know your AOC number.

When nominating new persons, you must provide details of their qualifications, experience, training and assessment pertinent to the position.

If renewing an approved senior instructor instrument, the Head of Training and Checking must provide details of the nominee's ongoing competency in approved functions such as evidence emanating from audit program or standards reports.

A senior instructor, following an observation of an emergency procedures instructor, can make a recommendation to CASA for that person to hold an approval to conduct crew member emergency procedures proficiency tests in accordance with CAO 20.11 Appendix IV.

A senior instructor is therefore subject to an initial assessment process conducted by a Cabin Safety Inspector and subsequent renewal of their privileges, as specified in the instrument of approval and requisite training and checking provisions.

A senior instructor will also be a person who would be approved to conduct crew member emergency procedures proficiency checks.



**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](#).

If you **hold a current AOC**, provide the current AOC holder details. If you are applying for an **initial issue of an AOC**, provide the details as they appear in your AOC application.

Legal entity/full name

ARN

AOC number

Contact number

Email address

Aircraft types to be assessed

### 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

## Nomination details

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

CAO 20.11 Approved Person

Initial

Renewal

Senior Instructor (and CAO 20.11 approved person)

Initial

Renewal

### 5 What are the **CAO 20.11 Approved Nominee** details?

Course Type

Course Location

Course Duration

Proposed date (DD/MM/YYYY) and time (HH/MM) of assessment

### 6 What are the **Senior Instructor Nominee** details?

Course Type

Course Location

Course Duration

Proposed date (DD/MM/YYYY) and time (HH/MM) of **interview (Only required for initial approvals)**

Proposed date (DD/MM/YYYY) and time (HH/MM) of **assessment**

## 7 What are the **nominee** details?

Full name

ARN

Contact number

Email address

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## 8 What are the details and documentation you are providing with this application?

A summary below together with documentation to support the application for an initial approval or renewal of an approved person or senior instructor

Qualifications

Supporting documentation details

 **Attach additional pages/documents if required**

Experience

Supporting documentation details

 **Attach additional pages/documents if required**

## 8 Continued

Training and Assessment

Supporting documentation details

 **Attach additional pages/documents if required**

Ongoing Competency in Approved Functions

Supporting documentation details

 **Attach additional pages/documents if required**

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## Application checklist

### 9 Are you attaching any other documentation to support this application?

## Nominee declaration

**10** I declare that:

- I accept the nomination in question 4.
- 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 and CAO 20.11 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 lodgment.
- 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.
- Incomplete, poorly prepared or inaccurate information may result in:
  - rejection of the application
  - delays in processing the application
  - additional costs
  - inability to make an assessment of a candidate
- 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

Signature

Date (DD/MM/YYYY)

/ /

## Head of Training and Checking Request Declaration

**11** I declare that:

### Approved person

Has the necessary level of training, qualifications and experience as detailed in the company documentation.

Is competent in conducting proficiency tests as required under CAO 20.11(12).

### Senior Instructor

Has the necessary levels of training, qualification and experience to undertake the role and responsibilities of a Senior Instructor (however called).

Is competent in assessing proficiency and competence of persons who will be recommended for approval to conduct proficiency tests of crew members.

Is competent in conducting proficiency tests as required under CAO 20.11(12).

## 11 Continued

- I nominate the person indicated in question 7 for CASA approval.
- I am the Head of Training and Checking of the AOC holder or a delegate nominated by the Head of Training and Checking named in question 1.
- I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
- 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 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 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 that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Signature

Date (DD/MM/YYYY)

/ /

## Returning your form



By email – attach this form and all supporting documents. Send them to your [CASA regional office](#).

After reviewing this document, CASA may require the submission of additional evidence to support the application for an approval or renewal