



Part A – Details of Applicant and Declaration

If you are filling in the form by hand, print neatly with a black or blue ballpoint pen. Some questions contain check boxes. Please mark where appropriate. It is in your interest to ensure that the information you provide is both accurate and complete. This information is used in the calculation of a cost estimate for the assessment of your application. It is an offence to make false declaration. **Questions marked with an asterisk (*) are mandatory and must be completed.**

A1 – Details of Applicant*

The name you provide in A1.1 and A1.2 will be the name reflected on the certificate when issued.

Is the proposed name to be reflected on the certificate when issued that of:

| | | |
|-------------------------------------|--|-----------------------------|
| An Individual? | <input type="checkbox"/> > Complete A1.1 then go to A1.3. You do not need to complete A1.2 | |
| Legal entity other than individual? | <input type="checkbox"/> > Complete A1.2. You do not need to complete A1.1 | |
| Aviation Reference Number (ARN) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

A1.1

Note: You must provide proof of identity.

| | |
|-------------------------------|--|
| Surname* | |
| Given Names* | |
| Date of Birth* | |
| ARN (if previously allocated) | |

A1.2

Note: You must provide proof of identity if you are not an Australian registered business.

| | |
|---|--|
| Name of Legal Entity* | |
| ACN or ARBN | |
| If NOT Australian Registered: Place formed or incorporated | |
| ABN | |

A1.3 Trading name – For your trading name to appear on AOC, you must meet the criteria set out in the Guidelines.

| | | | | |
|--------------|---|--|------------------|--|
| Trading name | 1 | | Registration No. | |
| | 2 | | Registration No. | |

A1.4 Business Address - This is the office address of the business. If a company, it is the official address as registered with Australia Securities and Investments Commission (ASIC)

| | | | | |
|---------|--|-------|--|----------|
| Street | | | | |
| Suburb | | State | | Postcode |
| Country | | | | |

A1.5 Physical address - This is the address where you carry out your main aviation activity. If the same as A1.4, write "As Above".

| | | | | |
|---------|--|-------|--|----------|
| Street | | | | |
| Suburb | | State | | Postcode |
| Country | | | | |

A1.6 Postal Address - Write the Address where you want all your correspondence to be sent.

| | | | | |
|---------|--|-------|--|----------|
| Street | | | | |
| Suburb | | State | | Postcode |
| Country | | | | |

A1.7 Main Contact details of the proposed certificate holder(s)

| | | | |
|------------------------|--|---------|--|
| First Name | | Surname | |
| Phone (Business Hours) | | Fax | |
| Phone (After Hours) | | Mobile | |
| Email | | | |

A2 - Use of an Agent

If you wish to authorise an agent to act on your behalf, CASA requires that the agent has the necessary authorisation e.g. Power of Attorney (POA). The POA must be executed and signed by all applicants or in the case of a company by a Director of that company. A certified copy of the POA must be submitted with the application.

| | | |
|--|--|---|
| A2.1 Are you using an Agent for this application? | Yes <input type="checkbox"/> > Go to A2.2 | No <input type="checkbox"/> > Go to A3 |
|--|--|---|

A2.2 Details of the Agent

| | | | |
|------------------------|--|---------|--|
| First Name | | Surname | |
| Phone (Business Hours) | | Fax | |
| Phone (After Hours) | | Mobile | |
| Email | | | |

A2.3 Postal Address of the Agent

| | | | | |
|---------|--|-------|--|----------|
| Street | | | | |
| Suburb | | State | | Postcode |
| Country | | | | |

A3 – Criminal and Regulatory Action

| | |
|--|--|
| A3.1 Has the applicant(s) or any of the applicant's key personnel been charged with or convicted of any criminal offence in Australia, its territories, or a foreign country in the last 10 years?* | Yes <input type="checkbox"/> Provide the details below |
| | No <input type="checkbox"/> Go to A3.2 |

| | |
|---|--|
| a) Charges laid, and present status; | |
| b) If convicted the date and place of any conviction; | |
| c) The penalty imposed; | |
| d) The matters in which a conviction was recorded. | |

Use additional sheets if necessary.

| | |
|---|--|
| A3.2 Has the applicant(s) or any of the applicant's key personnel ever been subjected to regulatory action by CASA or the aviation regulatory authority of a foreign country in the last 10 years that has resulted in a fine, conviction, variation, suspension or cancellation of a civil aviation authorisation, licence or certificate?* | Yes <input type="checkbox"/> Provide the details below |
| | No <input type="checkbox"/> Go to A4 |

| | |
|--|--|
| a) The date and description of the action taken; | |
| b) The fine imposed; | |

| | |
|--|--|
| c) The conviction recorded; | |
| d) Suspension or cancellation ordered. | |

Use additional sheets if necessary.

A4 – Types of Operations - Indicate the types of operations proposed:

| | |
|----------------------------|-----------------------------------|
| Aerial Work | > You must complete Part B |
| Flight Training Activities | > You must complete Part C |
| Charter | > You must complete Part D |
| Regular Public Transport | > You must complete Part E |

A5 – Proposed start date of Operations and Project Plan

| | |
|--|--|
| When does your organisation plan to commence operations? | |
|--|--|

You will also need to submit your project plan which outlines the dates your personnel are available for interview, and the dates your aircraft and facilities are available for inspection. CASA will use this information to plan the assessment of your AOC application. CASA will discuss the assessment timeframes with you.

Please note that the issue date of an AOC depends on a number of factors, e.g. satisfactory documentation and the project timeframes of both the applicant and CASA.

A6 – Submission Checklist

| | | |
|---|---|---|
| 1. Have you attached Proof of ID? | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A as ACN/ARBN provided <input type="checkbox"/> |
| 2. Have you completed Part B – Aerial Work Operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to operate aerial work operations |
| 3. Have you completed Part C – Flight Training Activities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to operate a flying school |
| 4. Have you completed Part D – Charter Operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to operate charter |
| 5. Have you completed Part E – RPT Operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to operate RPT |
| 6. Have you completed Part F – Details of Main and Ancillary Base/s of Operations and Facilities? | Yes <input type="checkbox"/> This is required for all applications | |
| 7. Have you completed Part G – Details of Organisation Structure & Personnel and attached all the relevant forms out lined in this part as follows: | Yes <input type="checkbox"/> This is required for all applications | |
| • Form 14 – CEO Nomination Form | Yes <input type="checkbox"/> This is required for all applications | |
| • Form 686 – Chief Pilot Nomination Form | Yes <input type="checkbox"/> This is required for all applications | |
| • Form 168 – Head of Training and Checking Nomination Form | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to be a Training and Checking Organisation |
| • Check Pilot for CAR 217 Organisation - contacted Certificate Management Team oversighting organisation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| For Flight Training operations only | | |
| • Form 4 – Head of Operations Nomination | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to conduct flight training operations |
| ○ Does the Head of Operations meet all of the position requirements, qualifications and experience, as defined in Part 142 Regulation 142.185? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > Approval of your nominated Head of Operations will be required. |
| • Form 4 – Safety Manager Nomination | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to conduct training in aircraft |
| • Form 277 - Chief Flying Instructor Nomination Form | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not propose to be conducting Balloon Training activities |
| For non-Regular Public Transport(RPT) operations only | | |
| • Form 808 – Head of Aircraft Airworthiness and Maintenance Control Nomination Form | Yes <input type="checkbox"/> This is required for all non-RPT AOC applications | |
| • Form 114 – Maintenance Controller Nomination Form | Yes <input type="checkbox"/> This is required for all Regular Public Transport AOC applications proposing to operate under CAR 1988 | |
| For Regular Public Transport operations or operations using transport category (class A) aircraft only | | |
| • Form 42-01 Application for CASR Part 42 Approval Certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We are not proposing to change our approved CAMO |
| 8. Have you completed Part H – Additional Authorisations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We are not requesting for additional authorisations |
| • Form 977 – Application for EDTO Approval | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not intend to conduct EDTO operations |
| • Form 1307 – Application for Navigation Approvals (PBN and RVSM) | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We do not intend to conduct the operations covered by this form |
| 9. Have you completed Part I – Exemptions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We are not requesting for any exemptions |
| 10. Have you attached your Operations Manual? | Yes <input type="checkbox"/> This is required for all applications | |
| 11. For Flight Training operations only: • Have you attached your Exposition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> We do not propose to conduct flight training operations. |

| | | |
|---|--|--|
| <ul style="list-style-type: none"> Is your exposition closely based on the CASA Sample Exposition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> > You must complete Part J Exposition Compliance Matrix |
| 12. Have you completed and attached the following: | Yes <input type="checkbox"/> This is required for all applications | |
| <ul style="list-style-type: none"> Form 375 - Compliance Statement | Yes <input type="checkbox"/> This is required for all applications | |
| <ul style="list-style-type: none"> Form 064 - Financial Viability Assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> > We are only proposing to conduct aerial work operations. |
| <ul style="list-style-type: none"> Project plan , see A5 - <i>Proposed start date of Operations and Project Plan</i> | Yes <input type="checkbox"/> This is required for all applications | |
| 13. Does the applicant have a Drug and Alcohol Management Plan (DAMP)? | Yes <input type="checkbox"/> This is required for all applications. Note: For more information, please refer to the Guidelines and the AOD Home page . | |

A7 – Declaration*

I am / We are signing this form as either:*

 > The individual named in A1.1 > The Managing Director and Director(s) / Chief Executive Officer of the company named in A1.2 > The agent appointed under a Power of Attorney

1. I / We understand that the information provided in this application for is true and correct. *Please note that giving false or misleading information is an offence under Part 7.4 of the Criminal Code Act 1995 (see in particular s.136.1 and 137.1 of the Criminal Code).*

2. I / We understand that the information provided in this application will allow CASA to calculate the estimate for service for process this application.

3. I / We understand and agree that the cost estimate may change if:

- The application does not accurately and completely identify my / our requirements; or
- The details in this application are subsequently changed; or
- Inadequate supporting documentation has been provided;

If this occurs, I / we accept that the process of this application may be delayed and additional charged may be incurred.

4. I / We understand and agree that for CASA to proceed with this application:

- I / We must accept the cost estimate; and
- Forward for prescribed payment(s); and
- Forward all supporting documentation to the Permissions Application Centre;
- This application will not progress to the assessment phase until ALL three conditions are met.

5. If I am signing this application as an agent, I declare that I have obtained the necessary Power of Attorney authorising me to sign on behalf of the applicants.

6. I / We agree to the publication of our AOC and the Operations Specifications with our details on the CASA website.

| | | | | | |
|-------|--|------------|--|-------|--|
| Name* | | Signature* | | Date* | |
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |

You must provide the name(s) and signature(s) for CASA to accept this application.

What to do now

Email the complete set of documents to CASA at regservices@casa.gov.au.

After reviewing your application, CASA may require you to submit additional documents to support your application.

This completes Part A of the application.