



PART J - Exposition Compliance Matrix

Please check the applicable box.

- Our attached exposition is closely based on the CASA Sample Exposition.
There is no requirement to complete the following Exposition Compliance Matrix.
- Our attached exposition is not based on the CASA Sample Exposition.
Please complete the following Compliance Matrix.

Applicant Name

Requirements for a 142 Authorisation

Your exposition must contain all items as required by CASR 142.340

Column A The Part 142 Legislation Requirement and Reference	Column B Requirement is applicable (Yes/No)		Column C Provide reference (section/subsection) of exposition that satisfies the legislative requirement.
Paragraph 142.340(1)(a) Operator's Name, address, contact details and ABN	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(b) Address of Headquarters and training bases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(c) Description and diagram of organisational structure and reporting lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(d) If Operator a corporation, a description of corporate structure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(e)(i) Additional qualifications and experience required by Operator for each key personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(e)(ii) Key personnel additional responsibilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(e)(iii) Name of person appointed to each of the key personnel positions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(e)(iv) Name of each person authorised to carry out responsibilities of key positions when the position holder is absent or cannot perform responsibilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(e)(v) Description how Operator will manage responsibilities of key positions during assigned resource absence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(f) CEO additional accountabilities, if any	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(g) Name of each instructor responsible for particular flight training activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Paragraph 142.340(1)(h) Operators Program for training and assessing personnel in non-technical skills and human factors principles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(i) Responsibilities of non-key personnel under these regulations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(j)(i)(A) Flight Training or contracted recurrent training to be conducted including training plans and syllabuses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(j)(i)(B) Areas of operation for the flight training or contracted recurrent training to be conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(j)(i)(C) Checklists and circumstances checklist is permitted for the flight training or contracted recurrent training to be conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(j)(ii) Minimum qualifications and experience for personnel conducting the authorised activities conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(j)(iii) Command responsibility during flights for the authorised activities conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(j)(iv) For contracted recurrent training or contracted checking, procedures to ensure the operator conducts training or checking in accordance with contracting operator's training and checking manual and standard operating procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(k) Procedures describing how training is conducted and managed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(n)(i) Description of flight simulation training devices used to conduct training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(n)(ii) Each purpose mentioned in Part 61 that the simulation training device may be used for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(n)(iii) The procedures to ensure qualification of flight simulators and training devices under Part 60	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(n)(iv) Description of procedures to ensure the approval of the synthetic trainers under Civil Aviation Order 45:0	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(n)(v)(A) For any other device, the description of procedures to ensure the device meets qualification standards under regulation 61:045	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(n)(v)(B) For any other device, the description of procedures to ensure the device is qualified by national aviation authority of a recognised foreign state within the meaning of regulation 61.010	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Paragraph 142.340(1)(o) How the risk of fatigue in personnel is managed, including fatigue risk management system manual if applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(p) Facilities used by operator for activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(q) Description of operations other than training being conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(r) Describe any aeronautical or aviation-related services provided or proposed to be provided by 3 rd parties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(s)(i) An Operations Manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(s)(ii) A Dangerous goods manual (if any)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(s)(iii) Training management system manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(s)(iv) If training is conducted only in aircraft and flight simulation training devices, a safety management system manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(s)(vi) Internal training and checking system manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(t)(i) Process for making changes including identifying changes that are significant changes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(t)(ii) Process for making changes including identifying changes that are non-significant changes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(t)(iii) Process for advising CASA of changes made	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(1)(u) Description of any other matter required to be approved by CASA in relation to the training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paragraph 142.340(3) An exposition may include a list of material required for the Operator's Reference Library	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

This completes Part J of the application

What to do now

Post, fax or email the complete set of documents to CASA using one or a combination of the following, as appropriate:

Postal address	Civil Aviation Safety Authority Permission Application Centre (Brisbane) GPO Box 2005 CANBERRA ACT 2601
Fax	(07) 3144 7333
Email	regservices@casa.gov.au

THIS COMPLETES YOUR APPLICATION.