



ARFFS Provider—Application

SECTION A: COMPANY DETAILS

Company Name	Registered Address	ACN
Principal Officers	Postal Addresses	Contact Number
Financial Assessment		
Assets and Liquidity Statement Provided Provided yes / no		

SECTION B: OPERATIONAL DETAILS TO BE PROVIDED TO CASA WITH APPLICATION

Location of Operation	
Category to be Provided	
Start-up Date	
Hours of Coverage and Staff Roster current aircraft schedules	Provided yes / no
Safety Management System (SMS)	Provided yes / no
Standard Operating Procedures (SOPs)	Provided yes / no
Organisational Chart	Provided yes / no
Operations Manual: attach two copies	Provided yes / no
<i>Documentary evidence in support of all matters in this application may be requested</i>	

SECTION C: CERTIFICATION DETAILS AND ATTACHMENTS

Extinguishing Foam Agent	Provided yes / no				
Extinguishing DCP Agent	Provided yes / no				
Staff Competencies / Qualifications	Provided yes / no				
Vehicles—Performance and Specifications					
Vehicle Model	ADR Compliant	MOS 139H Chapter 5 Compliant	Water Capacity l	Foam Capacity l	DCP Capacity kg
<i>Attach details of operational facilities that enhance operational performance and response times</i>					

SECTION D: DECLARATION

On behalf of _____, I hereby apply for CASA Certification as an ARFFS Provider.
Signed: _____
My authority to act on behalf of the applicant is: _____
Name of person making the declaration: _____
Date: ____/____/____