



Form 1014
ARFFS Approval Checklist

For ARFFS Providers and CASA Accreditation of ARFFS Training Providers

The processing officer must complete this checklist to ensure that each step of the application process is completed prior to the issuing a Certificate to an ARFFS provider.

Tick each box to indicate the satisfactory completion of the task. Also note the date of completion of each task against the box.

Sign and date this form and file it on the appropriate file when the process is completed.

File raised _____ File No. _____		Compliance with the Part 139H MOS	
1	Acknowledgment of applicant's application within 7 days <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2	Face-to-face meeting <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Pre-certification audit of facilities completed <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4	Copies of documentation provided by the applicant <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
5	Application checked for completeness <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
6	Documentation assessed against Subpart 139.H of CASR and the Part 139H MOS <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
7	All training facilities assessed as acceptable and approved by Compliance Division <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>
8	Applicant assessed as being able to provide a service <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
9	Approval granted/declined <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
10	Applicant advised of outcome <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>
11	Instrument of Approval issued <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>
12	Documentation manual/s endorsed and returned (if in hard copy) <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
13	UID profile created in Sky Sentinel <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>
14	New Provider included in ANAA audit schedule <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
15	New Provider listed on the CASA web page <input type="checkbox"/>	29 <input type="checkbox"/>	
16	Ensure compliance with entry in Air Navigation Documentation—e.g. ERS/NOTAM <input type="checkbox"/>		

Signed: _____

Date: _____ / _____ / _____

Name: _____ Processing Officer