



SECTION A: COMPANY DETAILS

Company Name	Registered Address	ACN
Training Location	Address	
Principal RTO Officers	Postal Address	Contact Number
Principal Training Officer / Manager	Qualification	Contact Number
Principal Assessing Officer / Manager	Qualification	Contact Number

Organisational Chart	Provided yes / no
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SECTION B: TRAINING INFORMATION TO BE PROVIDED TO CASA WITH APPLICATION

Location of operation		
Start-up date		
Course name	Unit code	Practical training facilities available
		yes / no / NA
		yes / no / NA
		yes / no / NA
Training package(s)	Provided yes / no	

SECTION C: CERTIFICATION DETAILS AND ATTACHMENTS

Certification from ASQA	Provided yes / no
<i>Documentary evidence in support of all matters in this application may be requested</i>	

SECTION D: DECLARATION

On behalf of _____, I hereby apply for CASA Accreditation as an ARFFS Training Provider.

Signed: _____

My authority to act on behalf of the applicant is: _____

Name of person making the declaration: _____

Date: ____/____/____