



ATS Provider Certification Checklist

Reference: CASR Part 172 and MOS Part 172

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

Tick each box to indicate the satisfactory completion of the assessment 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. _____
1	Acknowledgment of applicant's application within 7 days	<input type="checkbox"/>
2	Face-to-face meeting	<input type="checkbox"/>
3	Operations Manual provided by applicant	<input type="checkbox"/>
4	Application checked for completeness	<input type="checkbox"/>
5	Documentation assessed against CASR Part 172 and MOS 172	<input type="checkbox"/>
6	Demonstration of service required/not required, and provided/not provided by applicant	<input type="checkbox"/>
7	Applicant assessed as being able to provide a service	<input type="checkbox"/>
8	Certification granted/declined	<input type="checkbox"/>
9	Applicant advised of outcome	<input type="checkbox"/>
10	Certificate issued	<input type="checkbox"/>
11	Operations Manual acknowledged and returned	<input type="checkbox"/>
12	RSD Division notification completed and data entered on ASSP	<input type="checkbox"/>
13	Notify Compliance Division of new provider to be included in their audit schedule	<input type="checkbox"/>
14	New provider listed on the CASA web page	<input type="checkbox"/>
15	Ensure compliance with entry in Air Navigation Documentation— e.g. ERSAs/NOTAM	<input type="checkbox"/>
16		<input type="checkbox"/>

Compliance with MOS Chapters	
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
13	<input type="checkbox"/>
14	<input type="checkbox"/>
Compliance with CASR Part 172	
(ref)	<input type="checkbox"/>

Signed: _____

Date: _____ / _____ / _____

Name and Position: _____ Assessing Officer