



Air Traffic Service Training Provider—Application

Reference: CASR Part 143

SECTION A - COMPANY DETAILS

Company Name	Registered Address	ACN

Training Location	Address

Principal Officers	Postal Addresses	Contact Number

SECTION B - OPERATIONAL DETAILS TO BE PROVIDED TO CASA WITH THE APPLICATION

Location of Operation	
Start Up Date	
Organisational Chart	Provided Yes / No
Operations Manual	Provided Yes / No

SECTION C - CERTIFICATION DETAILS AND ATTACHMENTS

Certification from a Training Recognition Authority (TRA)	Provided Yes / No
All instructors and assessors certified	Evidence? Yes / No
Documentary evidence in support of all matters in this application may be requested.	

SECTION D - COMPLIANCES

Internal Audit System	Provided Yes / No
Quality Control System	Provided Yes / No
Change Management System	Provided Yes / No
Document Control System	Provided Yes / No

SECTION D - DECLARATION

On behalf of, I hereby apply for CASA certification as an ATS Training Provider.

Signed:.....

My authority to act on behalf of the applicant is:

.....

Name of person making the declaration:

Date:/...../.....

Please send material relating to this application by email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am aware of, and accept, the risk that information sent via email may be intercepted and read during transmission, not delivered or modified. (If you do not accept the risk, material will be sent by post.)	
For information on CASA's Privacy Policy, please visit http://www.casa.gov.au/tools/privacy/index.htm	
The Federal Government TimeSaver initiative aims to assess the time taken to complete Government forms. Please indicate the approximate time taken to complete this form.	<input type="text"/> Hrs <input type="text"/> Mins