



Purpose of this form

Use this form to apply for the initial issue or variation or re-issue of an instrument of appointment or delegation.

Who is this form for?

This form is for if you are applying to be delegated CASA's powers and functions under the Civil Aviation Safety Regulations 1998: CASR 101.335 – Eligibility for certification as an RPA operator.

Your contact details

CASR 11.70

All correspondence will be sent by email or post to the contact details provided by you and held in CASA's records.

You must notify CASA of any changes to your contact details. Information on how to change your contact details is available at www.casa.gov.au/changing-your-details

Information needed to complete this form

It is the applicant's responsibility to apply for CASA approval only if they have an operational requirement for the approval and can demonstrate compliance with all the relevant regulatory requirements. Please carefully read this document and any relevant Acceptable Means of Compliance, Guidance Material or Advisory Circular issued by CASA and available on the CASA website www.casa.gov.au

Filling in this form

This form can be completed as a **fillable form** online.

- Mark boxes like this with a ✓ or a ✗
- Where you see a box like this

Skip to the question number shown.

You do not need to answer the questions in between.

If printing this form:

- Please use black or blue pen.
- Print in BLOCK LETTERS.

Privacy

Personal information you provide to CASA is protected by the *Privacy Act 1988 (Cth)*. For details on how CASA collects, protects and uses personal information, please refer to CASA's Privacy Policy (www.casa.gov.au/privacy-policy)

For more information

Go to www.casa.gov.au or call us on 131 757.

1 Are you applying for an initial issue RPAS Delegation?

No Go to next question

Yes

2 Are you applying for a Renewal of your expiring instrument

No This application will be rejected, please contact CASA on 131 757 if you have any questions regarding this.

Yes Go to next question

3 Are you applying as?

An Organisation

An Individual

4 Your Organisation's Aviation Reference Number

5 Your Organisation Name

6 Your Organisation ACN or ARBN

7 Your Aviation Reference Number

8 Your name

Family name/ Surname

First given name

9 Your date of birth

DD

MM

YYYY

/

/

10 Your contact details

Phone (Business hours)

Phone (After hours)

Mobile

Email address

10 continued

Your address

Unit/Number

Street Name

Suburb

State/Province

Postcode

Country (if not Australia)

11 Have you or any of the Organisation's key personnel been charged with or convicted of any criminal offence in Australia, its territories, or a foreign country in the last 10 years?

No Go to next question

Yes Enter details below

Charges laid, and present status

If convicted the date and place of any conviction

11 continued

The penalty imposed

The matters in which a conviction was recorded

12 Have you been subjected to regulatory action by CASA or the aviation regulatory authority of a foreign country in the last 10 years that has resulted in a fine, conviction, variation, suspension or cancellation of a civil aviation authorisation, licence or certificate?

No Go to next question

Yes Enter details below

The date and description of the action taken

The fine imposed

The conviction recorded

Suspension or cancellation ordered

13 Submission checklist

Indicate what supporting documentation you are submitting in support of this application.

Undertaking to Preserve & Safeguard Official Information

Statement of Proposed Utilisation (if not provide reasons below)

Qualification (if not provide reasons below)

Experience (if not provide reasons below)

Referee Report (if not provide reasons below)

Written procedures manual (if not provide reasons below)

Provide the name of the owner of the procedures manual:

Provide the title of the procedures manual:

14 Privacy

Any personal information you provide to CASA is protected by the *Privacy Act 1988* (Cth).

CASA can only collect, use and disclose that information in accordance with that Act. CASA will use the information collected in this form for purposes associated with performing its functions under the *Civil Aviation Act 1988*, the *Airspace Act 2007*, the *Aviation Transport Security Act 2004* or the regulations made under those Acts.

For full details on how CASA collects, protects and uses personal information, please refer to **CASA's Privacy Policy** (www.casa.gov.au/privacy-policy)

15 Delegation under the CASR

Please complete this part if you wish to be delegated CASA powers under the Civil Aviation Safety Regulations 1998.

CASR 101.335 – Eligibility for certification as RPA operator

16 Applicant's Declaration

I am / we are signing this form as:

The individual named in question 8

Director(s) of Legal Entity named in question 5

1. I / We declare that information provided in this application form is true and correct.
Giving false or misleading information is an offense under the regulations.
2. I / We understand the information provided in this application will allow CASA to calculate an estimate of the cost of processing this application
3. I / We understand and agree that the cost estimate may change, and processing the application may be delayed, if:
 - I / We do not accurately and completely identify my requirement,
 - the details in this application are subsequently changed,
 - adequate supporting documentation has not been provided.
4. I / We understand and agree that for CASA to proceed with this application, I must:
 - accept the cost estimate
 - forward the prescribed payment; and
 - forward all supporting documentation to CASA.
5. I / We give permission for CASA to send me material relating to this application by email

Yes

No

Note: You are indicating that you are 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, material will be sent by post.

16 continued

I / We understand and agree that if my application is successful, CASA may publish my contact details (mobile phone, fax and email) on the CASA website.

1. Name:

Signature:



Date (DD/MM/YYYY)

/ /

2. Name:

Signature:



Date (DD/MM/YYYY)

/ /

Returning your form

Check that all required questions are answered and that the form is signed and dated.

You can return this form:



By email – scan or photograph this form and all supporting documents and send them to **regservices@casa.gov.au**



By post – return this form and all support documents to;

**CASA Client Services Centre
GPO Box 2005
Canberra ACT 2601**