



# Approval of Drug and Alcohol Management Plan (DAMP)-like program

Initial issue or variation

CASR Part 99

## Purpose of this form

Use this form if you are a non-DAMP organisation applying for the approval of your organisation's DAMP-like program, or seeking changes to your organisation's approved DAMP-like program.

## Who is this form for?

This form is for organisations that are requesting approval of a DAMP-like program under CASA EX70/19 — Implementation of Drug and Alcohol Management Plans (Non-DAMP Organisations) Instrument 2019 that complies with Subpart 99B of the Civil Aviation Safety Regulations 1998 (CASR).

## Information needed to complete this form

This form should be submitted along with a copy of your organisation's DAMP-like program which includes your DAMP-like education program. You can find information to help you develop your program on the [CASA website](#).

The person you list as your DAMP-like program contact officer, must have an ARN. They must also be registered with CASA, using the DAMP contact officer form, prior to completing this application.



**We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly**

## Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✕

## Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You will need an ARN to complete this form.

If you do not have an ARN, [apply for an ARN](#).

If you are applying on behalf of an organisation, you need to provide the organisation's ARN and have authority to act on behalf of the entity.

## Contact details

CASA will use the currently held contact and applicant details based on your ARN to process this application.

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the Civil Aviation (Fees) Regulations 1995 and may constitute a criminal offence.

## 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 civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Policy](#).

## For more information

Go to the [CASA website](#) or call us on 131 757.

## 1 What are you applying for?

**Initial** approval

**Variation** approval to the current CASA approved DAMP

## Applicant

### 2 What are the **organisation** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Legal entity

ARN

Organisation type

Contact number

Email address

## DAMP-like program contact officer

### 3 What are the **Contact Officer's** details?

The Contact Officer must have an ARN. This form is not used to update the organisation's nominated contact officer details. To make updates complete the [DAMP Contact Officer form](#) prior to submitting this application.

Full name

ARN

Contact number

Email address

## Applicant checklist

### 4 Select all that apply:

Copy of the organisation's DAMP-like program

Copy of the organisation's DAMP-like education program

If other please specify

## Applicant declaration

### 5 I declare that:

- I am authorised to make this application on behalf of the applicant and hold the role indicated below.
- All statements in this application are true and correct in every particular and that I have read and understood all provisions of the Civil Aviation Safety Regulations 1998 which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgment.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I acknowledge CASA will provide a fee estimate, which will be sent to the contact for this application.
- I accept that if this application is withdrawn or refused by CASA, or if CASA are unable to assess the application because I have failed to provide the required information, I am liable to pay CASA fees for work conducted.
- I have attached all required documentation specified in the applicant checklist.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

**For example:** Self, Director

An authority must be provided if the person making this declaration is **not** an office holder of the entity named in question 2.

 **Attach authority**

## Returning your form



By email – attach this form and all supporting documents. Send them to your [National.operations@casa.gov.au](mailto:National.operations@casa.gov.au).