



ORGANISATION DETAILS			
Operator's Legal Name		ARN	
ABN		ACN	
I, <input type="text"/> , confirm that our operations will, from the transition date(s) mentioned below, function in compliance with CAO 48.1 Instrument 2019 and the appendix or appendices ticked below.			
BASIC LIMITS			Transition Date (no later than 30/06/2020)
<input type="checkbox"/>	Appendix 1 - Basic limits		
I am satisfied having made appropriate enquiries that our Operations Manual is compliant with CAO 48.1 Instrument 2019 and Appendix 1.			
Signed (CEO/Accountable Manager): <input type="text"/>			

Continue if intending to use any of **Appendices 2 to 6**

ENHANCED OPERATOR OBLIGATIONS (Section 15)		Transition Date (no later than 30/06/2020)
<input type="checkbox"/>	Appendix 2 – Any multi-pilot operations except flight training	
<input type="checkbox"/>	Appendix 3 – Any multi-pilot operations except complex operations and flight training	
<input type="checkbox"/>	Appendix 4 – Any operation	
<input type="checkbox"/>	Appendix 4A – Any balloon operation.	
<input type="checkbox"/>	Appendix 4B – Any medical transport operations and emergency service operations	
<input type="checkbox"/>	Appendix 5 – Any aerial work operations and flight training associated with aerial work	
<input type="checkbox"/>	Appendix 5A – Any daylight aerial work operations and flight training associated with aerial work	
<input type="checkbox"/>	Appendix 6 – Any flight training, proficiency check or flight review	
REQUIRED ATTACHMENT		
<input type="checkbox"/>	Operations Manual	<input type="checkbox"/> Fatigue section of manual (only)
I am satisfied having made appropriate enquiries that our Operations Manual is compliant with CAO 48.1 Instrument 2019, the appendices ticked above and, in particular, the enhanced fatigue management obligations specified in subsection 15 of CAO 48.1 Instrument 2019.		
Signed (CEO/Accountable Manager): <input type="text"/>		

I verify that:

- this declaration is correct
- required attachments are included in the e-mail

Send an e-mail with this form and relevant documents to the local CASA regional office.