



Note: Submission of this form to CASA satisfies CASR Part 141 and 142 non-significant change requirements. Submission of Form 395 is not required. Do not submit this form if you are applying for an FRMS using Form 824

ORGANISATION DETAILS			
Operator's Legal Name		ARN	
ABN		ACN	
I, _____, 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.			
<input type="checkbox"/> Our fixed wing aerial application operations are conducted under CASR 137Q			
BASIC LIMITS			Transition Date (no later than 30/06/2021)
<input type="checkbox"/>	Appendix 1 - Basic limits		
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 and Appendix 1.			
Signed (CEO/Accountable Manager):			

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

ENHANCED OPERATOR OBLIGATIONS (Section 15)			Transition Date (no later than 30/06/2021)
<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)



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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):

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 regservices@casa.gov.au.