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**This form replaces previous forms
141-001 and 142-001**

Purpose of this form

Use this form if you intend to apply for an initial issue, renewal of, or change to any of the following certificates: Part 141 Certificate, Part 142 AOC or Part 142 B2 FSTD Certificate.

Who is this form for?

This form is for individuals or organisations who wish to conduct, renew or make changes to their flight training certificates.

Information needed to complete this form

You should review CASR Parts 61, 141 and 142 before completing this form.

Flight training operators conducting training in an aircraft must provide a Drug and Alcohol Management Plan (DAMP). If your organisation employs 10 or less Safety Sensitive Aviation Activity (SSAA) employees, you can access the Micro DAMP. For full details on DAMP's refer to the [CASA website](#).

After receiving a completed application form, CASA will calculate and send you a cost estimate for the processing of your application and a list of any additional supporting documents required. You will need to pay the estimate and send additional supporting documentation with your payment before any assessment of your application occurs.

Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You 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 its behalf.

Contact details

CASA will use the currently held contact, ABN and ACN details linked to your ARN profile.

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 Statement](#).

For more information

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

Applicant

1 What are the **applicant** details?

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

Legal entity/full name

ARN

Contact number

Email address

2 Is the organisation registered as a company in Australia?

No → **Go to 3**

Yes → **Go to 4**

3 Where was the organisation incorporated?

4 Do you want your **registered business name** to appear on your certificate(s)?

You can request a registered business name to be included on your certificate. The name must meet the following criteria, otherwise the certificate will be issued with only the name provided in question 1:

- Its registration must be current at the time of issue of the Flight Training Certificate(s); and
- It must be registered only under the name(s) of the proposed Flight Training Certificate holder(s) (as proprietor(s)) at the time of issue of the certificate(s).

No → **Go to 6**


Add new → **Go to 5**

Remove existing → **Go to 5**

5 What is the **registered business name**?

Business name

Registration number

 **Attach additional pages if required**

6 If a corporation, what are the names of **all** corporate officers in your organisation?

Refer to Section 9 of the Corporations Act 2001

7 What are you applying for (select one)?

Initial issue → **Go to 8**

Significant change → **Go to 8**

Non-significant change → **Go to 22**

Renewal → **Go to 41**

Contact person

8 What are the **contact person** details?

Contact details will be used for this application only, including any questions and/or fee estimates.

Full name

Position (Agent, Secretary)

8 Continued

Contact number

Email address

Key personnel

You must ensure for each key personnel position nominated you attach evidence of the qualifications and experience for each nominated person.

If **initial issue**, please complete key personnel sections applicable to your operation.

If a **significant change** to your key personnel only complete the sections of the position(s) that are changing.

If a **significant change application that does not include** a change to your already existing key personnel please proceed to question 15, you are not required to list your already approved personnel.

Standby Key Personnel - if you wish to nominate standby key personnel for your organisation please attach additional pages specifying the position for the standby personnel, the full name, ARN, contact number and email address of the person nominated and evidence of qualifications and experience for each person nominated.

9 Please provide the details of the **Chief Executive Officer (CEO)**:

Full name

ARN

Contact number

Email address

 **Attach qualifications and experience**

10 Please provide the details of the **Head of Operations**

Full name

ARN

Contact number

10 Continued

Email address

 **Attach qualifications and experience**

11 Are you conducting multi-crew training, integrated training, contracted recurrent training, contracted checking or type ratings not defined as Part 141 type ratings training, in an aircraft?

No → [Go to 12](#)

Yes → [Go to 13](#)

12 Are you conducting multi-crew training, integrated training, contracted recurrent training, contracted checking or type ratings not defined as Part 141 type ratings training, in an FSTD only?

No → [Go to 15](#)

Yes → [Go to 14](#)

13 Please provide the details of the **Safety Manager**

Full name

ARN

Contact number

Email address

 **Attach qualifications and experience**

→ [Go to 15](#)

14 Please provide the details of the **Quality Assurance Manager**

Full name

ARN

Contact number

Email address

 **Attach qualifications and experience**

Flight training activities

I am applying for a Part 141 Certificate, Part 142 AOC and/or a Part 142 B2 FSTD Training Certificate, as applicable to the types of training authorisations I have selected below:

- 15** What are the flight training activities you propose to conduct and the aircraft type the training will be provided in (select all that apply)?

Licence training

Recreational Pilot licence

Aeroplane
Helicopter

Private Pilot licence

Non-integrated - Aeroplane
Non-integrated - Helicopter
Integrated - Aeroplane - in aircraft
Integrated - Helicopter - in aircraft
Integrated - Aeroplane - FSTD
Integrated - Helicopter - FSTD

Commercial Pilot licence

Non-integrated - Aeroplane
Non-integrated - Helicopter
Integrated - Aeroplane - in aircraft
Integrated - Helicopter - in aircraft
Integrated - Aeroplane - FSTD
Integrated - Helicopter - FSTD

Multi-crew-pilot licence

Aeroplane - in aircraft
Aeroplane - FSTD

Air Transport Pilot licence

Aeroplane - in aircraft
Helicopter - in aircraft
Aeroplane - FSTD
Helicopter - FSTD

Operational Ratings

Instrument rating

Aeroplane
Helicopter
Indicate if training is to be conducted as a multi-crew operation

15 Continued

Private Instrument rating

Aeroplane
Helicopter

Aerial application rating

Aeroplane
Helicopter
Indicate if training also conducted in multi-crew

Select an endorsement below if applicable to your operations.

Firefighting endorsement
Night endorsement

Night vision imaging system (NVIS) rating

Aeroplane
Helicopter
Indicate if training also conducted in multi-crew

Low-level rating

Aeroplane
Helicopter
Indicate if training also conducted in multi-crew

Select an endorsement below if applicable to your operations.

Aerial mustering
Sling operations
Winch and rappelling operations

Night VFR rating

Aeroplane
Helicopter
Indicate if training also conducted in multi-crew

Aircraft class rating

Single-engine aeroplane
Multi-engine aeroplane
Single-engine helicopter

15 Continued

Pilot type rating

Refer to the following instruments to assist you in completing the type rating section of this form.

[Prescription of types ratings excluded from CASR Part 142 Flight Training](#)

[Prescription of Aircraft and Ratings – CASR Part 61](#)

If you propose conducting type rating training, please enter the rating designations for each aircraft type rating:

Cruise relief co-pilot type rating:

 **Attach additional pages if required**

Operational ratings

Flight Instructor ratings

Aircraft category		Training activity
Aeroplane	Helicopter	Grade 1 training endorsement
Aeroplane	Helicopter	Grade 2 training endorsement
Aeroplane	Helicopter	Grade 3 training endorsement
Aeroplane	Helicopter	Multi-crew pilot training endorsement
Aeroplane	Helicopter	Type rating training endorsement
Aeroplane	Helicopter	Class rating training endorsement
Aeroplane	Helicopter	Design feature training endorsement
Aeroplane	Helicopter	Instrument rating training endorsement
Aeroplane	Helicopter	Night VFR rating training endorsement
Aeroplane	Helicopter	Night vision imaging system training endorsement
Aeroplane	Helicopter	Low-level rating training endorsement
Aeroplane	Helicopter	Aerial application rating (day) training endorsement

15 Continued

Aircraft category		Training activity
Aeroplane	Helicopter	Aerial application rating (night) training endorsement
Aeroplane	Helicopter	Instructor rating training endorsement
Aeroplane		Multi-engine aeroplane class rating training endorsement
	Helicopter	Slings operations training endorsement
	Helicopter	Winch and rappelling operations training endorsement
Aeroplane		Spinning training endorsement
Aeroplane	Helicopter	Aerobatics training endorsement
Aeroplane		Formation (aeroplane) training endorsement
	Helicopter	Formation (helicopter) training endorsement
Aeroplane		Formation aerobatics training endorsement

Sim instructor rating

Select at least one of the endorsements below that apply to your training operation.

Aircraft category		Training activity
Aeroplane	Helicopter	Multi-crew pilot training endorsement
Aeroplane	Helicopter	Type rating training endorsement
Aeroplane	Helicopter	Instrument rating training endorsement
Aeroplane	Helicopter	Night vision imaging system training endorsement
Aeroplane	Helicopter	Instructor rating training endorsement

Other training

Flight training for the purposes of conducting a flight review:

Single Pilot Multi-crew - in aircraft Multi-crew - FSTD

Differences training for aircraft covered by type ratings as applied for

Multi-crew cooperation training

Contracted recurrent training:

In aircraft FSTD

Contracted checking:

In aircraft FSTD

15 Continued

Flight Engineer

Flight Engineer licence

Aeroplane

Helicopter

Flight Engineer type rating

Flight Engineer Instructor rating

Aeroplane

Helicopter

Endorsement type

16 Will you be using a turbine-engine aircraft?

No ➔ **Go to 18**

Yes ➔ **Go to 17**

17 Is there a **lease** or **financial agreement** for the turbine-engine aircraft?

No ➔ **Go to 18**

Yes Please supply a copy of the lease/financial agreement for each aircraft with this application

18 Is the address of your **operational headquarters** different to your mailing address?

No ➔ **Go to 19**

Yes Please enter new address below

Unit/number

Street name

Suburb

18 Continued

State/territory

Postcode

Country (if not Australia)


19 Are you intending to add or remove any **training bases** where you propose to or are currently conducting your Flight Training activities?

Please note: If an initial issue application, details of all proposed training bases must be provided.

No ➔ **Go to 20**

Yes Adding new training base. Please enter the new address below.

Yes Removing training base/s. Please enter the address below.

 **Attach additional pages if adding or removing multiple training bases.**

Unit/number

Street name

Suburb

State/territory

Postcode


Country (if not Australia)

20 Are you proposing to make other **significant** changes not covered in questions 4-19?

No ➔ **Go to 22**

Yes ➔ **Go to 21**

21 Please list the proposed changes and the pages/sections of the exposition/operations manual affected by the change:


 **Attach additional pages if required**

22 Are you making any **non-significant** changes?

No ➔ **Go to 25**

Yes ➔ **Go to 23**

23 What **non-significant** changes were made to the exposition/operations manual and on **which pages?** If preferred, submission of your updated change register with this form will suffice and completion of the below is not required:

 **Attach additional pages if required**

24 Is this a **non-significant** change only application?

No ➔ **Go to 25**

Yes ➔ **Go to 41**

Operations Manual Compliance Matrix

25 Is this an **initial issue** application?

The compliance matrix should only be completed if you are applying for an initial issue certificate.

No ➔ **Go to 27**

Yes ➔ **Go to 26**

26 Provide the compliance requirements for documentation for issue of a flight training certificate(s).

Legislation requirements and references	Yes requirement is applicable	No requirement is not applicable	Reference (section/subsection) of Operations Manual or Exposition that satisfies the legislative requirement
Operators name, address, contact details and ABN Refer to 141.260 (1)(a), 142.340 (1) (a)			
Address of operational headquarters and training bases Refer to 141.260 (1) (b), 142.340 (1) (b)			
Description and diagram of organisational structure and reporting lines Refer to 141.260 (1) (c), 142.340 (1) (c)			
If a corporation, a description of corporate structure Refer to 141.260 (1) (d), 142.340 (1) (d)			
Additional qualifications and experience required by the operator for each key personnel Refer to 141.260 (1) (e) (i), 142.340 (1) (e) (i)			
Key personnel additional responsibilities Refer to 141.260 (1) (e) (ii), 142.340 (1) (e) (ii)			
Name of person appointed to each of the key personnel positions Refer to 141.260 (1) (e) (iii), 142.340 (1) (e) (iii)			
Name of each person authorised to carry out responsibilities of key personnel when the position holder is absent or cannot perform responsibilities Refer to 141.260 (1) (e) (iv), 142.340 (1) (e) (iv)			
Description of how operator will manage responsibilities of key personnel during assigned resource absence Refer to 141.260 (1) (e) (v), 142.340 (1) (e) (v)			
Additional CEO accountabilities, if any Refer to 141.260 (1) (f), 142.340 (1) (f)			
Name of each instructor responsible for particular flight training activities Refer to 141.260 (1) (g), 142.340 (1) (g)			
Operator program for training and assessing personnel in non-technical skills and human factors principles Refer to 141.26 (1) (h), 142.340 (1) (h)			
Responsibilities of non-key personnel under these regulations Refer to 141.260 (1) (i), 142.340 (1) (i)			

26 Continued

Legislation requirements and references	Yes requirement is applicable	No requirement is not applicable	Reference (section/subsection) of Operations Manual or Exposition that satisfies the legislative requirement
Flight training (including contracted recurrent training if applicable) to be conducted including training plans and syllabuses Refer to 141.260 (1) (j), 142.340 (1) (j) (i) (a)			
If conducting integrated training in an aircraft procedure must also indicate the following: <ul style="list-style-type: none"> • The areas of operation for the training • Checklists (if any) and the circumstances when the use of a checklist is permitted • Minimum qualifications and experience for personnel conducting the authorised activities conducted • Command responsibilities during flights for the activities • Procedures to ensure that the operator conducts the training or checking in accordance with the contracting operators training and checking manual and standard operating procedures (if any) Refer to 142.340 (1) (j) (i) (c) (ii, iii, and iv)			
Procedure describing how training is conducted and managed including supervision 141.260 (1) (k), 142.340 (1) (k)			
Kind and registration mark of each registered aircraft used for training 141.260 (1) (l) (i), 142.340 (l) (i)			
Nationality, registration mark and kind of each foreign registered aircraft used for training Refer to 141.260 (1) (l) (ii), 142.340 (l) (ii)			
Description of leasing or other arrangement for supply of turbine-engine aircraft Refer to 141.260 (1) (l) (iii), 142.340 (l) (iii)			
Description of how turbine engine aircraft are managed and maintained and how continuing airworthiness is assured Refer to 141.260 (1) (l) (iv), 142.340 (l) (iv)			
Description of each flight training area Refer to 141.260 (1) (l) (v), 142.340 (1) (l) (v)			
If training includes low flying, description of how the operator will determine a suitable flight training area for the training Refer to 141.260 (1) (m), 142.340 (1) (m)			

26 Continued

Legislation requirements and references	Yes requirement is applicable	No requirement is not applicable	Reference (section/subsection) of Operations Manual or Exposition that satisfies the legislative requirement
A description of safety policy Refer to 141.260 (1) (ma)			
Description of how operator will identify and address deficiencies in training outcomes of its authorised training Refer to 141.260 (1) (mb)			
Description of flight simulation training devices used to conduct training Refer to 141.260 (1) (n) (j), 142.340 (1) (n) (i)			
For each device used each purpose mentioned in Part 61 that the simulation training device may be used for Refer to 141.260 (1) (n) (ii), 142.340 (1) (n) (ii)			
Description of procedure to ensure qualification of flight simulators and training devices under Part 60 Refer to 141.260 (1) (n) (iii), 142.340 (1) (n) (iii)			
Description of procedure to ensure the approval of synthetic trainers under CAO 45.0 Refer to 141.260 (1) (n) (iv), 142.340 (1) (n) (iv)			
For any other device the description of procedures to ensure the device meets qualification standards under regulation 61.045 Refer to 141.260 (1) (n) (va), 142.340 (1) (n) (va)			
If applicable the description of procedures to ensure the device is qualified by the national aviation authority of a recognised foreign state within the meaning of regulation 61.010 Refer to 141.260 (1) (n) (vb), 142.340 (1) (n) (vb)			
Description of the way the operator manages the risk of fatigue in its personnel, including the fatigue risk management system (if any) Refer to 141.260 (1) (o), 142.340 (1) (o)			
Facilities used by operator for activities Refer to 141.260 (1) (p), 142.340 (1) (p)			
Description of operations other than training being conducted Refer to 141.260 (1) (q), 142.340 (1) (q)			
Description of any aeronautical or aviation-related services provided, or to be provided, by third parties to the operator Refer to 142.340 (1) (r)			
Dangerous goods manual (if any) Refer to 141.260 (1) (r), 142.340 (1) (s) (ii)			

26 Continued

Legislation requirements and references	Yes requirement is applicable	No requirement is not applicable	Reference (section/subsection) of Operations Manual or Exposition that satisfies the legislative requirement
<p>A description of the process for making changes including identifying changes that are significant changes Refer to 141.260 (1) (s) (i), 142.340 (1) (t) (i)</p>			
<p>A description of the process for making changes including identifying changes that are non-significant changes Refer to 141.260 (s) (ii) 142.340 (1) (s) (ii)</p>			
<p>A description of the process for telling CASA of the changes Refer to 141.260 (s) (iii), 142.340 (1) (s) (iii)</p>			
<p>A description of any other matter required to be approved by CASA under these regulations in relation to training Refer to 141.260 (t), 142.340 (u)</p>			
<p>A matter prescribed by a legislative instrument under regulation 141.040 or 142.045 for this regulatory paragraph Refer to 141.260 (u), 142.340 (v)</p>			
<p>If conducting integrated training, multi-crew training, contracted recurrent training, contracted checking or type rating training not defined as Part 141 type rating training, please also complete the following - a training management system manual that describes the operators training management system Refer to 142.340 (1) (s) (iii)</p>			
<p>If operator conducts the training activities in an aircraft – a safety management system manual that describes the operator’s safety management system Refer to 142.340 (1) (s) (iv)</p>			
<p>If operator conducts the training activities in a flight simulation training device only – a quality assurance management system manual that describes the operator’s quality assurance management system Refer to 142.340 (1) (s) (v)</p>			
<p>An internal training and checking manual that describes the operators internal training and checking system Refer to 142.340 (1) (s) (iv)</p>			

Reference Library

27 Do you comply with the Reference Library requirements in CASR 141.160/142.075?

No

Yes

Corporation and bankruptcy actions

If **initial issue** or a **significant change** that involves the change of key personnel please complete the following questions, if not please proceed to question 33.

28 Has the applicant or any of the applicants key personnel been **declared bankrupt** in Australia or a foreign country in the last 10 years?

Refer to 142.085 (3)(b))

No

Yes

29 Has the applicant or any of the applicants key personnel been an officer or held a key personnel position within an Australian or foreign corporation in the last 10 years where the corporation was charged with or convicted of any **criminal offence**?

Refer to 142.085 (3)(g))

No

Yes

30 Has the applicant or any of the applicants key personnel been an officer or held a key personnel position within an Australian or foreign Corporation in the last 10 years where the corporation was **placed in administration, receivership or wound up**?

Refer to 142.085 (3)(g))

No

Yes

31 Has the applicant or any of the applicants key personnel been an officer or held a key personnel position within an Australian or foreign Corporation in the last 10 years where the corporation was subject to **investigation or comment** by any share dealings or financial affairs regulatory body?

Refer to 142.085 (3)(g))

No

Yes

32 If you answered **yes** to **any** of questions **28** to **31**, you must provide details below.

Include names, dates, charges laid, present status, the penalty imposed.

Refer to CASR 11.055 and Aviation Transport Security Regulations 2005, Regulations 6.55 and 6.59

 **Attach additional pages if required**

Nominated personnel history

33 Has any action been taken against you or any of your nominated personnel; or is any action in the process of being taken against you or any of your nominated personnel; or have you or any of your nominated personnel been refused the issue of any aviation related licence, certificate, rating or authority by an organisation?

You are required to disclose any matters, both in Australia and Overseas, relating to the fitness of your nominated personnel to hold an authorisation. This includes matters bearing on the suitability of a nominated person to hold a nominated position.

No

Yes

34 Have you or any of your nominated personnel ever been refused the issue of a transport related licence or certificate (e.g. pilot licence, pilot certificate, drivers licence, boating licence)?

No

Yes

35 Do you or any of your nominated personnel have any criminal conviction or finding of guilt, which is less than ten years old, or any juvenile criminal conviction or finding of guilt, which is less than five years old?

Include all motor vehicle traffic-related convictions including those from overseas.

No

Yes

36 Is suspension or cancellation action pending in relation to any aviation licence you or any of your nominated personnel hold?

No

Yes *Ant entisci ullentur sum unt etur, ut modi quam lia dolupturibus vellabo resequam et etur sus none repe endam aut qui dolutatus corio. Itatio. Aque*

37 If you answered **yes** to **any** of questions **33** to **36**, you must provide details below.

Include dates, actions, charges, convictions and imprisonment in Australia and overseas.

Refer to CASR 11.055 and Aviation Transport Security Regulations 2005, Regulations 6.55 and 6.59

 **Attach additional pages if required**

38 Do you agree to the publication of details of your flight training certificates on the CASA website?

No

Yes

39 Has your operations manual/exposition been submitted via the Manual Authoring and Assessment Tool (MAAT)?

No

Yes

Applicant checklist

40 Select all that apply:

If an initial issue or change to key personnel application, the required evidence of qualifications and experience for the nominated person relevant to the position are attached

If an initial issue application, I have completed the compliance matrix

I have a Drug and Alcohol Management Plan (DAMP) (Aircraft training only)

My completed operations manual/exposition is attached

If operating turbine engine aircraft that have a lease or financial agreement I have attached a copy for each aircraft

If other please specify

Chief Executive Officer Declaration

41 I declare that:

Complete below the written undertaking from the CEO or proposed CEO that, if CASA issues the certificate, the applicant is capable of and will operate in accordance with its operations manual/exposition and civil aviation legislation.

Refer to 141.055(2)(f) and 142.080(2)(g)

- As the person identified in question 9, in my capacity as the appointed/proposed applicant's Chief Executive Officer, the applicant will be capable of operating in accordance with its operations manual and civil aviation legislation and will so operate.
- I am authorised to make this application 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 Statement](#) 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 as applicable to my organisation.
- 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, Agent under a Power of Attorney

If signing as agent for the CEO, a copy of a Power of Attorney must be provided.

 **Attach Power of Attorney**

Returning your form



By email – attach this form and all supporting documents. Send them to regservices@casa.gov.au