



APPLICATION FOR THE ISSUE OR RENEWAL OF AIR TRAFFIC SERVICE
CERTIFICATE UNDER RULE PART 172

ISSUED FOR USE
CA 172-01

Reference:

CAR Part 172

Instructions:

The completed application together with the fee of **K16,000** and supporting documentation should be submitted to;

The Director
Civil Aviation Safety Authority
P.O Box 1941
BOROKO
Papua New Guinea

Notes:

1. The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 304 of the Civil Aviation Act 2000 and is subject, in the case of a person other than an individual, to a maximum fine of **K100, 000**.
2. Legal name of organisation: A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the company's office Certificate of Incorporation.
3. For initial issue or for a change of Senior Persons, a separate form CA FPP will need to accompany this application for each of the senior persons nominated in Section 5.

1. Organisation Details:

(a) Legal name of organisation:					
<i>The certificate will be issued in this name</i>					
(b) Trading or Division name:					
(c) Client No: (if known)					
(d) Postal Address: (Address for Service Ref Civil Aviation Act Section 48)					
Telephone:					
				Fax:	
(e) Business Address: (if different from above)					
Telephone:					
				Fax:	
(f) Your reference:					
<i>(Order number/contact person or other reference)</i>					

2. Reason for Application: Mark appropriate box

Initial issue: <input type="checkbox"/>	Renewal: <input type="checkbox"/>
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3. Questionnaire:

The following questions must be answered for initial issue and for renewal:	Yes*	No
(a) Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has the organisation previously had an application for an aviation document Rejected or has an aviation document held by the organisation been suspended Or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*If answering "Yes", please provide details on separate sheets.</i>		

4. Air Traffic Services to be provided.

Aerodrome Control Service <input type="checkbox"/> ADC	Approach Control Service <input type="checkbox"/> APP
Area Control Service <input type="checkbox"/> ACC	Aerodrome Flight Information Service <input type="checkbox"/> AFIS
Flight Information Service (Area) <input type="checkbox"/> FIS	Air Traffic Service provided under subpart D <input type="checkbox"/> ATSD
Note: The provision of a flight information service and alerting service is an integral part of all of the above services and does not require a specific application	



5. Location

For each service applied for, indicate the name of the aerodrome and airspace service is provided. Where new airspace or a change in classification of existing airspace is proposed, include the full details.

Service	Aerodrome/Airspace

Use an additional sheet if necessary and submit a separate application for each separate ATS unit

6. List of Senior Persons and their area of responsibilities (refer Part 172.51)

7. Personnel: refer Part 172.51(a) (3)

Indicate the number of persons employed in the organisation.

1-5	6-10	11-50	51-100	>100
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Indicate number of persons employed in the unit for which certification is sought.

1-5	6-10	11-50	51-100	>100
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8. Training: refer Part 172.53(a)

Indicate the type of training and assessment to be undertaken within the organisation in accordance with CAR Part 65

Air Traffic Control Ratings	Aeronautical Station Operator Ratings
<input type="checkbox"/> Aerodrome control	<input type="checkbox"/> Oceanic air-ground
<input type="checkbox"/> Approach control procedural	<input type="checkbox"/> Aerodrome flight information
<input type="checkbox"/> Approach control surveillance	<input type="checkbox"/> Area flight information
<input type="checkbox"/> Area control procedural	
<input type="checkbox"/> Area control surveillance	<input type="checkbox"/> Ab-initio

Declaration

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Authority.

Full name of (nominated) Chief Executive:	
Signature of (nominated) Chief Executive:	
Date of application:	