



ARFFS Certificate Issue Checklist

For ARFFS Providers and CASA Accreditation of ARFFS Training Providers

The processing officer must complete this checklist to ensure that each step of the application process is completed prior to the issuing a Certificate to an ARFFS provider.

Tick each box to indicate the satisfactory completion of the task. Also note the date of completion of each task against the box.

Sign and date this form and file it on the appropriate file when the process is completed.

File raised _____ File No. _____		Compliance with MOS Sections	
1	Acknowledgment of applicant's application within 7 days <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2	Face-to-face meeting <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Pre-certification audit of facilities completed <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4	Two copies of documentation provided by the applicant <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
5	Application checked for completeness <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
6	Documentation assessed against Regulation 139H and MOS <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
7	All training facilities assessed as acceptable and approved by Compliance Division <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>
8	Applicant assessed as being able to provide a service <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
9	Certification granted/declined <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
10	Applicant advised of outcome <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>
11	Certificate issued <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>
12	Documentation manual/s endorsed and returned <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
13	RSD Division notification completed and data entered on ASSP <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>
14	Notify Compliance Division of new provider to be included in their audit schedule <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
15	New provider listed on the CASA web page <input type="checkbox"/>	29 <input type="checkbox"/>	
16	Ensure compliance with entry in Air Navigation Documentation—e.g. ERSA/NOTAM <input type="checkbox"/>		

Signed: _____ Date: ____/____/____

Name: _____ Processing Officer