



Provider of ARFFS—Application

SECTION A: COMPANY DETAILS

Company Name	Registered Address	ACN
Principal Officers	Postal Addresses	Contact Number
Financial Assessment		
Assets and Liquidity Statement Provided	Provided yes / no	

SECTION B: OPERATIONAL DETAILS TO BE PROVIDED TO CASA WITH APPLICATION

Location of Operation	
Category to be Provided	
Start-up Date	
Hours of Coverage and Staff Roster	Provided yes / no
Standard Operating Procedures (SOPs)	Provided yes / no
Organisational Chart	Provided yes / no
Operations Manual: attach two copies	Provided yes / no
<i>Documentary evidence in support of all matters in this application may be requested</i>	

SECTION C: CERTIFICATION DETAILS AND ATTACHMENTS

Extinguishing Foaming Agent	Provided yes / no				
Extinguishing Dry Chemical Powder Agent	Provided yes / no				
Staff Competencies	Provided yes / no				
Vehicles—Performance and Specifications					
Vehicle Type	ADR	NFPA 414	Water Capacity l	Foam Capacity l	DCP Capacity kg
<i>Attach details of operational facilities that enhance operational performance and response times</i>					

SECTION D: COMPLIANCES

Internal Audit System	Provided yes / no
Quality Control System	Provided yes / no
Change Management System	Provided yes / no
Document Control System	Provided yes / no

SECTION E: DECLARATION

On behalf of _____, I hereby apply for CASA Certification as an ARFFS Provider.

Signed: _____

My authority to act on behalf of the applicant is: _____

Name of person making the declaration: _____

Date: ____/____/____

Please send material relating to this application by email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am aware of, and accept, the risk that information sent via email may be intercepted and read during transmission, not delivered or modified. (If you do not accept the risk, material will be sent by post.)	
For information on CASA's Privacy Policy, please visit http://www.casa.gov.au/tools/privacy/index.htm	
The Federal Government TimeSaver initiative aims to assess the time taken to complete Government forms. Please indicate the approximate time taken to complete this form.	<input type="text"/> Hrs <input type="text"/> Mins