

Application to be Designated as a Regulated Air Cargo (RACA) Agent under the Aviation Transport Security Regulations 2005

Part 1: Organisation details

You must complete all sections that apply to your organisation.

1.1 For all applicants:

Legal name of applicant:	[insert legal name of company, partnership, association or applicant here]
Trading or operating as:	[insert trading or operating name(s) here]
ABN:	[Insert Australian Business Number if held]

1.2 For a company:

ACN/ARBN:	[Insert Australian Company Number or Australian Registered Body Number as applicable]
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1.3 For a partnership:

Full name of each partner:	[Insert the full name of each partner, separated by commas]
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1.4 For an incorporated association:

Full name of each association member:	[Insert the full name of each member, separated by commas]
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Part 2: Personal contact details

CEO or manager name:	
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Security Contact Officer (SCO) name:	
job title:	
Telephone number:	
Fax number (if any):	
E-mail address (if any):	
24-hour security contact number:	

Alternate contact person name:	
Telephone number:	

Part 3: Site contact details

You must complete the following contact details for your organisation’s principal office in Australia and for each site in Australia that will be covered by your organisation’s TSP.

Add more pages as needed.

Principal office in Australia			
Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Site covered by TSP			
Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Site covered by TSP			
Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Site covered by TSP			

Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Site covered by TSP			
Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Site covered by TSP			
Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Site covered by TSP			
Street address:	[address]		
	[suburb/town]	[State]	[Postcode]
Postal address:	[address]		
	[suburb/town]	[State]	[Postcode]
Daytime telephone number:		AH telephone number:	
E-mail address (if any):			
Fax number (if any):			

Part 4: Previous RACA designations or AACCA accreditations

You must provide details of all previous designations as a RACA and accreditations as an AACCA.

Have you previously been designated as a RACA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the period of designation?	[insert approximate dates/period of designation]
Was the designation revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the reason for the revocation?	

Have you previously been accredited as an AACCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the period of accreditation?	[insert approximate dates/period of accreditation]
Was the accreditation revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the reason for the revocation?	

Part 5: Undertaking and signature

[Insert applicant's legal name here] (the applicant) undertakes that:

- if designated as a RACA, the applicant will notify the Secretary in writing within 7 working days after becoming aware of a significant change to the applicant's circumstances as they existed at the time of making this application; and
- the applicant's business includes handling or making arrangements for transporting cargo.

Signature :

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Title :

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(Chief Executive Officer or authorised representative)

Date :

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This application should be submitted with a completed transport security program for the applicant to national.coordinator@infrastructure.gov.au or in hard copy to National Coordinator, GPO Box 1966, Canberra ACT 2601