



## Acceptance of Nominated Management Personnel

### Guidance

These guidelines are designed to assist you to complete the DASR Form 4 for the acceptance of nominated personnel under an approved exposition and the *Defence Aviation Safety Regulation (DASR)*.

#### **IMPORTANT**

**It is the applicant's responsibility to apply for DASA approval only if they have a requirement for the approval and can demonstrate compliance with all the relevant regulatory requirements.**

Please carefully read this document and any relevant Acceptable Means of Compliance or Guidance Material issued by DASA and available on the Defence Aviation Safety Authority ([DASA](#)) website to assist with the application process.

### About this form and the application process

#### **APPLICATION PROCESS**

Completing this application form is the first step in the application process. After receiving a completed application form, DASA will review your application and all supporting documents provided.

**Applicants are to complete and sign the PDF version of this application form electronically and submit it by using the SEND button at Section 7.**

**NOTE:** DASA may not consider an application or cease to consider it further if the applicant has not complied with all DASR requirements.

#### **DASR FORM 4**

This DASR Form 4 is the official DASA form for the nomination and acceptance of key personnel. This form is considered part of an application pack and should be submitted with the appropriate evidence to support the application. One (1) DASR Form 4 form must be completed for **each** nominated position.

This form, once filled out correctly, along with all satisfactory documentation and evidence required to support the application, addresses the requirements of the DASR.

### **Withdrawal of Application**

An application can be withdrawn in writing at any time.

### **Q1. Details of Management Personnel**

The applicant is to select **ONE** approval type

### **Q2. Position**

The nominated person is required to select the position for which they require a Form 4 application. The "Additional Information" field should be completed for personnel applying for deputy or nominated positions. Other pertinent information can also be added in this field. Do not forget to enter the planned With Effect date for the position.



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### Q3. Nominated Person

#### 3.1. Defence Aviation Reference Number (DARN), if previously allocated

A Defence Aviation Reference Number (Personal) (DARNP) is a six-digit reference number issued by DASA to individuals who hold or have held DASA permissions or privileges issued to them. If you do not have a DARNP leave this blank and one will be issued to you and documented at Section 8 during the acceptance process.

#### 3.2. Details of Nominated Person

The nominated person must provide their full legal name. This is the name that would appear on, for example, a passport or birth certificate. The nominated person must provide their current business address and contact details.

### Q4. Organisation's Details

The nominated person is required to provide the name of the legal entity with which they are associated.

### Q5. Qualifications

The nominated person is required to provide details and supporting documentation of their qualifications relevant to the position for which they will hold within the organisation. Information on qualifications can be provided in a separate document (i.e. Curriculum Vitae) attached to this form. Examples of qualifications are: university degrees, professional training courses from verifiable sources and internal training courses. Please refer to the qualification requirement for the position applied for within the appropriate DASR, e.g. refer to DASR M.A.706 for Continuing Airworthiness Manager qualification requirements.

### Q6. Experience

The nominated person is required to provide details and supporting documentation of their experience relevant to the position for which they will hold within the organisation. Additional information may be provided as an attachment to the application. Please refer to the experience requirement for the position applied for within the appropriate DASR, e.g.: refer to DASR M.A.706 for Continuing Airworthiness Manager experience requirements.

### Post Holder's Declaration

By signing the declaration, the nominated person is indicating to DASA that they have:

1. Read the guidelines;
2. Completed the application in full; and
3. Accepted the terms and conditions for processing the application.

The application must be signed by the nominated person listed in item 3.

### Privacy Policy

DASA requires the provision of information as listed in this form. All such information received will be treated as confidential and will not be disclosed to any third parties unless that disclosure is required or authorised by law. DASA will safeguard personal information, however, please be aware that DASA policy is to publish approvals on its website.

### Form Submission

Submit the electronic application form to DASA by using the SEND button at Section 7 as only digitally signed electronic copies will be accepted.

The applicant is to ensure either the supporting DASR Form (eg. Form 2, 12, 51 or 82) for the change has been supplied IAW DASR requirements, if required or has obtained approval from their sponsoring approved DASR Organisation.

**NOTE:** If there is insufficient space in any of the fields, please attach additional information to this form.



**Acceptance of Nominated Management Personnel**

**Application**

<b>Competent authority:</b> Defence Aviation Safety Authority (DASA)				
<b>1. Details of Management Position required to be accepted as specified in:</b>				
DASR 145	DASR M	DASR 21	DASR 147	
<b>2. Position within the Organisation</b>				
<b>DASR 145</b> <input type="checkbox"/> RM <input type="checkbox"/> NDT Responsible Lvl 3 <input type="checkbox"/> QM	<b>DASR M</b> <input type="checkbox"/> CAM <input type="checkbox"/> QM <input type="checkbox"/> AwR Staff	<b>DASR 21J</b> <input type="checkbox"/> HDO <input type="checkbox"/> COA <input type="checkbox"/> CISM	<b>DASR 21G</b> <input type="checkbox"/> RM <input type="checkbox"/> QM	<b>DASR 147</b> <i>(Refer AMC DASR 147.A.105(a) First Paragraph)</i> <input type="checkbox"/> EM <input type="checkbox"/> TM <input type="checkbox"/> QM
<b>Additional Information</b>				
<b>Planned With Effect Date</b>				
<b>3. Business Contact Details:</b>				
3.1	DARNP (if previously issued)			
3.2	Title/Name			
	Address			
	Suburb		State	Post Code
	Country			
	Work Phone			
	Mobile			
	Email			
<b>4. Organisation</b>				
4.1	DARNO (if previously issued)			
4.2	Name			
<b>5. Qualifications relevant to the item (2) position:</b> <span style="float:right;">(Attach Supporting Documentation)</span>				



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## 6. Work experience relevant to the item (2) position:

(Attach Supporting Documentation)

## 7. Post Holder Declaration

(To be completed by Applicant)

### Declaration

 I declare that the information provided on this form is true and correct.

I have obtained approval from the sponsoring approved DASR Organisation, as attached or,

I understand and accept that for DASA to proceed with this application, I have supplied all supporting documentation to DASA.

I understand that for DASA to proceed with this application, the supporting DASR Form for the change has been supplied IAW DASR requirements.

Date	Name/Position	Signature:

On completion, please send this form under confidential cover to DASA via email by using the SEND button. If unable to send due to required fields not populated, clear the signature and correct errors.

## 8. DASA USE ONLY

8.1 Record Objective ID:

8.2 DARNP (if new issue)

8.3 Surveyor Assessment:

I have assessed this application against the requirements of the DASR and recommend this application as

Accepted	Accepted with Conditions	Resubmit Required	Not Accepted
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If Accepted; Planned With Effect Date:

### Assessment Comments:

Date	Name/Position	Signature

8.4 DASA Acceptance/Rejection IAW DASA(I) SAPO 02-001:

Accepted	Accepted with Conditions	Resubmit Required	Not Accepted
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### Conditions (If Applicable)

Date	Name/Position	Signature