



## Nomination for Appointment as a Delegate of the Safety Authority

### Guidance

These guidelines are designed to assist in the completion of the DASR Form 104 for appointment as a Delegate of the Safety Authority under Defence Aviation Safety Regulation (DASR).

#### **IMPORTANT**

**It is the nominee's responsibility to nominate 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. This information is available on the Defence Aviation Safety Program (DASP) website <http://www.defence.gov.au/DASP/DASR-Regulations/Default.asp> and will assist with the nomination process.

#### **About this form and nomination process**

##### **Nomination Process**

Completing this nomination form is the first step in the nomination process. Once received, DIA-DASA will review your nomination including all supporting documentation provided. Upon recommendation from the DASA Subject Matter Expert (SME), the nominee may be scheduled for an interview by DG-DASA in order to confirm the nominee as suitable. **Nominees are to complete and sign the PDF version of this nomination form electronically and submit it by using the 'SEND' button at Section 8.**

**NOTE:** DASA may not consider a nomination or cease to consider it further while the nominee has not complied with all DASR requirements.

##### **DASR Form 104**

This DASR Form 104 is the official DASA form to nominate for an Appointment as a Delegate of the Safety Authority under DASR. This form is considered part of a nomination pack and should be submitted with the appropriate evidence to support the nomination.

#### **Withdrawal of Nomination**

This nomination can be withdrawn in writing at any time.

#### **Section 1 - Nominee's Reference**

##### **1.1 Nomination Reference.**

File reference within the nominee's file referencing system for record identification details.

#### **Section 2 - Nominee Address and Contact Data**

**2.1** 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, privileges or delegations previously. If you do not hold or have not been issued a DARNP leave this field blank. Complete the remainder of this sub-section with your personal details.

**2.2** A Defence Aviation Reference Number (Organisation) (DARNO) is a six-digit reference number issued by DASA to organisations that hold or have held DASA certificates. If your organisation does not hold or has not been issued a DARNO leave this field blank. Complete the remainder of this sub-section with your organisations details.



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## Section 3 - DoSA Scope Information

Templates of the delegation minutes for the respective delegations can be located within the table below:

DoSA	Template Objective Ref
Platform DoSA	<a href="#">AH6630628</a>
Project DoSA	<a href="#">BP6167110</a>
Flight Test DoSA	<a href="#">BP6109262</a>
Standards DoSA – Aircraft Life Support Equipment (ALSE)	<a href="#">BP6830691</a>
Standards DoSA – Air Navigation Services (ANS)	<a href="#">BP12235375</a>
Standards DoSA – Aerial Delivery (AD)	<a href="#">BP23207058</a>

The templates will provide prospective DoSAs with an example of the scope of delegations they can expect to receive if their application is approved. **Note: The exact delegation scope that a DoSA receives within their delegation minute may vary depending on their knowledge, experience and understanding of the role as determined by DG-DASA.** Each nominee should identify the scope they have been requested to nominate for by ticking the relevant boxes under this section of the form.

## Section 4 – Platforms

The DoSA nominee is to identify which aircraft platforms or aircraft type or design discipline that the DoSA is to manage on the Authority's behalf.

## Section 5 – Qualifications

The nominee is required to provide details and supporting documentation of their qualifications relevant to the requested DoSA scope. The Qualification, Training and Experience Requirements are listed below for each of the DoSA Scopes are Listed Below:

### Platform DoSA

#### Mandatory Requirements:

1. Qualification and Experience requirements of Head of Design under DASR AMC 21.A.243(d)

#### Desirable Requirements:

1. Completion of the DASR 21, M and Type Certification Practitioner Courses.

### Project DoSA

#### Mandatory Requirements:

1. Qualification and Experience requirements of Head of Design under DASR AMC 21.A.243(d)

#### Desirable Requirements:

2. Completion of the DASR 21 and Type Certification Practitioner Courses.

### Flight Test DoSA

#### Mandatory Requirements:

1. Bachelor or higher degree qualification within the Science or Engineering field
2. Graduate of an Experimental Flight Test course (long course).
3. Attained B-category Flight Test Aircrew or higher.
4. Ten years of aviation experience, with at least five years of experience in categorised Flight Test.

#### Desirable Requirements:

1. Full member of the Society of Experimental Test Pilots or Society of Flight Test Engineers
2. At least three years of experience in Capability Development

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## 3. DASR Part 21 and Type Certification Practitioner Courses

### **Standards DoSA**

#### **Mandatory Requirements:**

1. Qualification and Experience requirements of Head of Design under DASR AMC 21.A.243(d). This requirement applies to Standards DoSAs ALSE, ANS and AD.

#### **Desirable Requirements:**

1. Completion of the DASR 21 and Type Certification Practitioner Courses. Note this point only applies to Standards DoSAs ALSE and AD.

## **Section 6 – Experience**

The nominee is required to provide details and supporting documentation of their experience relevant to the requested DoSA scope. For most scopes this will be equivalent to the requirements of Head of Design under DASR AMC 21.A.243(d). Employment history, work experience and any additional information may be provided as an attachment to the nomination. A description of the work undertaken in the relevant position to support the DoSA nomination may also supplement the evidence provided.

## **Section 7 – Documentation Required for Compliance Assessment**

The nominee is encouraged to use the checklist in order to assess the completeness of the nomination.

## **Section 8 – Nomination Declaration**

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

1. Have read the guidelines;
2. Have completed the nomination in full;
3. Will perform the nominated functions IAW DASA procedures and instructions without further delegating accountabilities of the DoSA; and
4. Have accepted the terms and conditions for processing the nomination.

The nomination must be signed by the nominated person listed in section 2.

## **Section 9 – DASA Staff Only**

This section is not to be completed by the nominee.

### **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 a list of approvals on its website.

### **Form Submission**

Submit the electronic nomination form to DASA by using the '**SEND**' button in Section 8 as only digitally signed electronic copies will be accepted. **NOTE:** If there is insufficient space in any of the fields, please attach additional information to this form.



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## Nomination

<b>1. Nominee's Reference</b> <i>(To be completed by the Nominee)</i>				
<b>1.1 Organisation's File Reference</b>				
<b>2. Nominee's Address and Contact Details</b>				
<b>2.1 Personal Details</b>	DARNP <i>(if previously issued)</i>			
	Title/Rank			
	Full Name			
	Position Title			
	Phone			
	Email			
<b>2.2 Organisation Name and Address</b>	DARNO <i>(if previously issued)</i>			
	Organisation Name			
	Street No and Name			
	Suburb			
	State		Post Code	
	Country			
<b>3. Scope</b> <i>(tick all that apply)</i>				
<input type="checkbox"/> Platform DoSA <input type="checkbox"/> Project DoSA <input type="checkbox"/> Flight Test DoSA <input type="checkbox"/> Standards DoSA – ALSE <input type="checkbox"/> Standards DoSA – ANS <input type="checkbox"/> Standards DoSA – AD <input type="checkbox"/> Other → <input type="text"/> <small>Please specify</small>				
Note any variations to the standard scope as presented in the respective delegation minutes here				
Is this nomination for a Scope Adjustment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date required by:				
<b>4. Platforms / Design Discipline</b> <i>(If applicable, list all platforms for which DoSA scope is requested)</i>				



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<b>5. Qualifications</b> (Attach Supporting Documentation)		
<b>6. Work Experience</b> (Attach Supporting Documentation)		
<b>7. Documentation Required for Compliance Assessment</b>		
<b>7.1 Submission Checklist</b> <i>(Please confirm that the following information is included as part of your nomination)</i> <input type="checkbox"/> Evidence of Qualifications / Training <input type="checkbox"/> Evidence of Experience (Aviation Employment History)		
<b>8. Nominee's declaration</b> <i>(To be completed by the Nominee)</i>		
<b>8.1 Declaration</b> <input type="checkbox"/> I declare that the information provided on this form is true and correct. <input type="checkbox"/> I understand and accept that for DASA to proceed with this nomination, I have supplied all supporting documentation. <input type="checkbox"/> I have read and understood my responsibilities and obligations as a Delegate of the Safety Authority. When undertaking my duties, I will abide by the procedures and instructions provided by DASA where applicable. I will consult with DIA-DASA staff and escalate where I am uncertain of the action to be taken or the request is beyond my scope of delegation. I understand that delegated accountabilities cannot be further delegated.		
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.		<b>SEND</b>

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## DASA Assessment

<b>9. SME Assessment</b> <i>(For DASA use only)</i>		
<b>9.1 Record Objective ID:</b>		
<b>9.2 DARNP</b>		
<b>9.3 Recommendation:</b>		
Bachelor of Engineering Degree (Mechanical, Mechatronics, Aerospace, Aeronautical, Electronics, Software or Electrical)	<input type="checkbox"/> Y / N	<input type="checkbox"/> Other
Nominee is a Defence Employee?	<input type="checkbox"/> Y / N	<input type="checkbox"/>
Qualifications accredited by Engineers Australia, the Australian Computer Society or the Australian Institute of Project Management or deemed equivalent	<input type="checkbox"/> Y / N	<input type="checkbox"/>
Chartered Professional Engineer (CPEng) in the Institute of Engineers Australia or equivalent	<input type="checkbox"/> Y / N	<input type="checkbox"/>
Ten years of Aviation experience. (incl. at least two years' combined experience as staff of DASA-ADF or an organisation holding a Design Organisation Approval under DASR, CASA, EMAR or EASA Part 21 Subpart J). (At least 5 years of experience in Flight Test is required for Flight Test DoSAs)	<input type="checkbox"/> Y / N	<input type="checkbox"/>
Graduate of an Experimental Flight Test course (long course). (Only required for Flight Test DoSAs)	<input type="checkbox"/> Y / N	<input type="checkbox"/>
Attained B-category Flight Test Aircrew or higher. (Only required Flight Test DoSAs)	<input type="checkbox"/> Y / N	<input type="checkbox"/>
<b>Comments / Oversight Requirements / Limitations:</b>		
<input type="checkbox"/> Recommended	<input type="checkbox"/> Nomination Requires Resubmit	<input type="checkbox"/> Nomination Not Approved
<b>Date</b>	<b>Name/Position</b>	<b>Signature</b>
<b>9.4 SME Deputy Director Endorsement:</b>		
<b>Comments / Oversight Requirements / Limitations:</b>		
<input type="checkbox"/> Endorse Recommendation	<input type="checkbox"/> Nomination Requires Resubmit	<input type="checkbox"/> Nomination Not Approved
<b>Date</b>	<b>Name/Position</b>	<b>Signature</b>