ATTACHMENT B

REMOTE AIR SERVICES SUBSIDY (RASS) SCHEME

APPLICATION FOR A REGULAR AIR SERVICE

[Note: applicants are encouraged to answer all questions to demonstrate their remoteness and need for a weekly air service – 5A to 10F]

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1	APPLICANT CONTACT DETAILS (mandatory	<i>(</i>)		
Α	Name of Applicant (Individual)			
В	Postal Address			
С	Phone/Mobile		Fax	
D	Email			
2	AIRSTRIP OWNER DETAILS (mandatory)			
Α	Name of Authorised Owner of Airstrip			
	·			
В	Name of Community/Property Airstrip is			
	located			
С	Name of Community Council (if applicable)			
D	Name of Property Owner (if applicable)			
E	Type of Property (e.g. Cattle Station, Tourist			
	facility etc)			
F	Name of Aerodrome Reporting Officer(s)			
G	Name of Certified Aerodrome Inspector &			
	Date of last Aerodrome Inspection - NOTE: Please include a copy of the most			
	recent aerodrome inspection report with			
	this application.			
3	INDIGENOUS COMMUNITY DETAILS (if ap	nlicable)		
A	Name(s) of Community	plicable		
	Name(3) of community			
В	Name of Community Council			
	,			
С	Postal Address			
D	Name of Key Council Contact(s)			
Ε	Phone/Mobile		Fax	
F	Name of Social Services Government			
	Business Manager or Regional Business			
	Manager (if applicable)			
G	Does your Community have a School?	YES		NO
Н	Name of School (if applicable)			
	D			
	Postal Address			
<u> </u>	Phone/Mobile		Fax	
K	Name of Key School Contact(s)		гах	
L	Does your Community have a Health Clinic?	YES		NO
М	Name of Health Clinic (if applicable)	1123		NO
'*'	rame of fredicti clinic (ii applicable)			
N	Postal Address			
'				
0	Phone/Mobile		Fax	
Р	Name of Key Health Clinic Contact(s)		1	1
4	AIRSTRIP DETAILS (provide as much detail a	s possible on the location of the airstrin)		
A	Longitude/Latitude -	The second of the shortly		
l '`	NOTE: Please include a man showing			

	location of the airstrip with this application.				
В	Any key identifying land marks?				
С	Location of the nearest alternative				
	aerodrome?				
	NOTE: Provide distance/time to nearest				
	aerodrome.				
	NOTE: Provide description of the road, eg.				
	sealed, unsealed, prone to flooding etc.				
D	Location of the nearest alternative service				
	centre?				
	NOTE: Dravida distance/time to negreet				
	NOTE: Provide distance/time to nearest service centre.				
	NOTE: Provide description of the road, eg.				
	sealed, unsealed, prone to flooding etc.				
	scared, unscared, profile to flooding etc.				
	NEED FOR	A DECI	II AD A	ID CEDVICE	
	NEED FOR A	A REGU	JLAK A	IK SERVICE	
5	PERMANENT POPULATION DETAILS				
Α	Number of permanent Residents				
В	Adults				
С	Children (under 18 years of age)				
6	SEASONAL PEAK POPULATION (Details on an	y average	e seasonal	increase in population)	
Α	Adults				
В	Children (under 18 Years of age)				
С	Time of Year (Wet/Dry Season etc)				
7	DEMAND FOR SERVICES (What does the com	munity re	equire the	RASS service for?)	
Α	Passenger Transport?			YES	NO
В	Freight (non-Australia Post mail) Transport?			YES	NO
Estim	ate of expected use of transportation for passen	gers and	freight		
С	Passenger services per year (either to or from)				
D	Number of passengers (weekly)				
E	Goods deliveries per week (excl. Aust Post items	5)		Kg	
F	Provide details of special requirements				
	(e.g. non-urgent medical transfers through Comi	munity			
	Health Clinic, boarding school students etc)				
G	Provide details of other nearby	DAGG			
	Communities/Properties that will benefit from a service to your Community/Property	KASS			
	Service to your community/Property				
8	REMOTENESS	L			
		co contro			
B	ce travel time (one way) to nearest town or servi Nearest town or service centre	ce centre	:		
С	One way safe surface travel time				Hrs
	ce travel time to the two nearest neighbouring Co	ommunit	ies or Pro	nerties with aerodromes o	
	uivalent transport service (if less than one hour)			perties with acroansmes, s	receiving a weekly to loo
D	Neighbouring Property				
E	One way safe surface travel time				Hrs
	ls on inaccessibility due to seasonal climatic cond	ditions (e	g Wet Sea	son)	
G	Average number of days per year that the Comm		_		days
Н	Are these consecutive Days?			YES	NO
I	If No, what is the longest number of consecutive	days of i	naccessib	ility?	
J	Provide any further details on how				
	access is affected by seasonal weather				
	conditions and the associated impact on				
	the Community or Property				

	NEED FOR THE	DELIVERY OF ESSENTIAL SUPPLIES			
9	DELIVERY OF ESSENTIAL SUPPLIES				
9 A	Provide details on any particular needs for the weekly delivery of essential supplies, in particular fresh food and medical supplies				
10	RESIDENT SCHOOL STUDENTS				
	de details of school students living at the Co	ommunity or Property			
B	Number of Primary School Students				
C	Number of Secondary School Students				
D	Number of Tertiary Students				
Е	How is educational material currently				
	delivered to the local school and how often?				
F	For long distance education students, is educational material currently delivered to the students and completed work returned?				

	AERODROME DETAILS						
11	AERODROME SAFETY STANDARDS (Civil Aviation Safety Authority)						
Α	Does the aerodrome meet the Commonwealth's current civil aviation safety regulations, as administered by the Civil Aviation Safety Authority (CASA), for aerodromes intended for small aeroplanes conducting air passenger transport operations?		YES	NO			
	A copy of <u>CAAP 92 (A)</u> 'Guidelines on aer small aeroplanes conducting RPT operate from CASA. Please familiarise yourself with	tions' can be obtained this document.					
В	Please attach evidence such as a recen entry in En Route Supplement Australia (El	·	Attached	NO			
С	If No , provide details of how the aerodrome fails to meet the Commonwealth's civil aviation safety regulations and comment on how and when you propose to bring the aerodrome up to the required standard.						
D	Please provide a detailed plan on how you intend to maintain and operate the aerodrome in accordance with the Commonwealth's civil aviation safety regulations. This should include how you intend to establish a "positive" aerodrome reporting system working with the RASS air operator.						
12	EXISTING TRANSPORT SERVICES						
А	Provide details of any existing transport services (air or surface transport) that visit your community or property, including frequency and range of services offered.						
В	Do you own or have regular access to an aircraft other than via the RASS plane?	YES		NO			
	, please provide details						
C D	Aircraft Type (Make/Model) Owner/Operator (if service is provided through a third party)						
Е	Purpose for use						

13	OTHER	R RELEVANT FACTORS/REASONS NOT SP	PECIFICALLY COVERED			
		AFRODROME (OWNER OBLIGATIONS			
14	Admis	sion to RASS Scheme and Maintaining S				
Α						
	In the e	event that this application is successful and				
		unity or property name) receives a regular ai				
	I (we)					
	(applicant(s)) acknowledge our obligation to advise the Department of Infrastructure and Regional Development of any					
	change	es in circumstances that might affect this com	nmunity's ongoing eligibility for a RASS service and acknowledge o	ur		
	changes in circumstances that might affect this community's ongoing eligibility for a RASS service and acknowledge our					
	respons	sibility to maintain the aerodrome to the star	indard required for the carriage of passengers and cargo as			
	determined by the Civil Aviation Safety Authority (CASA).					
В						
	(Signature(s) of applicant(s))					
С						
	(Position of applicant(s) within community or property)					
D						
	Date: .					
		,				
			FOR OFFICE USE			
		Application Received	Date://			
		Processing Officer (Name/Extension)				
		File Number				

Date:/..../...../

Date of Delegate Approval