

CABOOLTURE AERO CLUB **COMMERCIAL ENTERPRISE - ACCESS AGREEMENT APPLICATION**

ENTITY NAME		CONTACT	NAME	
ABN		CONTACT PHONE CONTACT EMAIL		
ACN (if applicable)				
TRADING NAME				
MAIN ADDRESS				
	PROPOS	ED ACTIV	VITY TY	PE
	(Sele	ct as Appro	priate)	
PART 141 FLIGHT TRAINING & AIRCRAFT HIRE				
PART 142 FLIGHT TRAINING & AIRCRAFT HIRE				
INDEPENDENT FLIGHT INSTRUCTOR (DF, FA, FR)			ES	
CHARTER OPERATIONS			l ⊿	
RAAus FLIGHT TRAINING & AIRCRAFT HIRE				
GFA GLIDING CLUB			CRA	
TRIKE TRAINING & HIRE			J NE	
GYRO TRAINING AND HIRE] (A)	
AIRCRAFT HIRE ONLY			OSI	
AIRCRAFT SYNDICATE (5 MEMBERS OR MORE)			PROPOSED AIRCRAFT TYPES	
AIRCRAFT MAINTENANCE - FIXED HANGAR			4	
AIRCRAFT MAINTENANCE - MOBILE				
WARBIRD ADVENTURE FLIGHTS				
GROUND THEORY TRAINING				
MUSEUM/NOT FOR PROFIT				
OTHER (please desc	ribe type of operation)			
PLEASE F	PROVIDE A SHORT DESCRIP	TION OF W	HY YOU V	VISH TO OPERATE AT YCAB

PROPOSED OPERATIONAL OVERVIEW							
ESTIMATED OPERA	TIONAL DAYS/WEEK						
ESTIMATED # OF AIR	RCRAFT						
ESTIMATED # OF STA	AFF						
ESTIMATED # OF CU	STOMERS						
WILL YOU REQUIRE	VEHICLE ACCESS?						
IF YES, HOW MANY	VEHICLES?						
WILL YOU BE STORI	NG AIRCRAFT AT YCAB?						
(HANGARS ON THE Y FOR COMMERCIAL A AIRCRAFT STORAGE A	'OFF-AIRFIELD" OFFICE 'CAB LEASE CANNOT BE USED CTIVITIES OTHER THAN AND MAINTENANCE) R DETAILS OF THE PROPOSED O	OPERATION FOR COMM	MITTEE CON	SIDERATION			
Office	R DETAILS OF THE PROPOSED (SPERATION FOR COM	VIII I LL COIN	SIDERATION			
SUPI	PORTING DOCUMENTS 1	O BE INCLUDED V	VITH APP	LICATION			
DOCUMENT AUTHORISING THE PROPOSED ACTIVITY TYPE (AOC, Operational Certificate)							
MEMBERSHIP APPLICA	TIONS FOR (DIRECTORS/STAFF/IN	STRUCTORS/SYNDICATE I	MEMBERS)				
WORKERS COMPENSA	TION CERTIFICATE (IF APPLICABLE)						
PUBLIC LIABILITY INSU	RACE NOTING CABOOLTURE AERO	CLUB AS A NAMED INSU	RED FOR SUB	ROGATION			
REPRESENTAT	IVE DETAILS FOR MEETING WIT	TH THE CAC COMMITTI	E TO DISCU	SS THE APPLICATION			
NAME							
POSITION							
PHONE							
EMAIL							
	WHAT I	OO I DO NEXT?					
1. Please send application form and supporting documents to secretary@cacq.com.au							
2. Once received, your application will be discussed at the next available committee meeting.							
3. The committee will then advise a date for an interview to discuss your intended operation.							
4. Further instuction	ns will be given at the interview	<i>1</i> .					
APPLICATION MADE BY							
NAME			DATE				
SIGNATURE			DATE				