

Airservices Australia Enroute Charges Payment Scheme

Application Form

**before completing this application form**

Please read the program guidelines. These can be viewed at: <https://www.infrastructure.gov.au/infrastructure-transport-vehicles/aviation/regional-remote-aviation/enroute-charges-payment-scheme>

**completing the application form**

* Complete all the relevant boxes and provide all the information sought in this form.
* Supporting documentation should be attached as appropriate.
* If you are unable to provide the information and supporting documentation at the time of submitting your application, you should forward it as soon as possible after that time.
* An officer from the Department of Infrastructure, Transport, Regional Development, Communications and the Arts (the Department) may contact you to discuss your application should additional information be required.

If you have any queries in relation to the Airservices Australia Enroute Charges Rebate Scheme or this application form, please contact the Scheme Manager by email at enroute@infrastructure.gov.au.

**submitting the application form**Completed applications will be accepted by:

 **Email (preferred) -** Enroute@infrastructure.gov.au

*If you are sending the application in by email, you will need to have the last page signed and saved in PDF or similar format.*

**Mail -** Director

Domestic Network Programs

Domestic Policy and Programs Branch

Department of Infrastructure, Transport, Regional Development, Communications and the Arts

GPO Box 594

CANBERRA ACT 2601

You should ensure you receive acknowledgement that your application has been received.

1. **Applicant Information**

|  |  |
| --- | --- |
| Name of Applicant *(including partner organisations)* |  |
| ABN Number |  |
| Are you GST registered?*Note that you will be required to be registered if your application Is successful.* | Yes: [ ]  No [ ]  |
| Street Address |  |
| Town/Suburb/State/Postcode |  |
| Postal Address*If different from street address* |  |
| Nominated Contact*Include salutation eg Mr, Ms, Dr* |  |
| Position |  |
| PhoneMobile | Phone:Mobile:  |
| Email |  |
| Financial Institution Details |
| Institution | Account Name | BSB Number | Account Number |
|  |  |  |  |

**The Scheme includes components for:**

* **eligible Aeromedical Services and**
* **eligible Scheduled Air Transport Operations Services.**

**please complete only the section(s) relevant for your airline.**

1. **Airline Eligibility – Aeromedical Services**

|  |  |
| --- | --- |
| **Air Operator Certificate (AOC)*** Does the Airline have an Australian air transport Air Operator Certificate (AOC) issued by the Civil Aviation Safety Authority (CASA) authorising aeromedical services
 | Yes: [ ]  No [ ] *If ‘yes’, please* ***attach*** *it to your application* |
| Are the anticipated routes to/from Regional or Remote locations ? | Yes: [ ]  No [ ]  |

**please list aeromedical contracts relevant to support under this scheme**

|  |  |
| --- | --- |
| **Contracting organisation** | **nature of aeromedical service** |
|  |  |
|  |  |
|  |  |
|  |  |

*Flights under other or subsequent contracts would also be eligible for consideration. Once admitted to the Scheme, you can submit further information at any time.*

*Only flights using aircraft with MTOW at or below 15,000KG are eligible for support.*

|  |  |
| --- | --- |
| Estimated cost of enroute charges for eligible aeromedical services* 1 January to 30 June 2022
* 1 July 2022 to 30 June 2023
* best estimate with a brief explanation of assumptions
* claims for flights undertaken in 2022 are subject to available funds
 |  |

1. **Airline Eligibility – Scheduled Air Transport Operations Services**

|  |  |
| --- | --- |
| Does the Airline have an Australian Air Transport Operations Air Operator Certificate (AOC) issued by the Civil Aviation Safety Authority (CASA) | Yes: [ ]  No [ ] *If ‘yes’,* ***please attach*** *it to your application* |

WHICH SCHEDULED AIR TRANSPORT OPERATIONS ROUTES ARE YOU SEEKING SUPPORT FOR?

Each route will be appraised separately against the Guidelines. Eligible routes are discussed under section 3.1.2, noting other requirements for support elsewhere in the guidelines.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Route | Is this a new1 or continuing route? | Aircraft type and MTOW | Is the route supported by:* Australian Government,
* State/Territory Government, or
* Local Government ?
 | Pax carried in the 12 months to 30 June 2022 | Projected pax 1 July 2022 to 30 June 2023 | Estimated eligible ASA charges:1 January – 30 June 202221 July 2022 – 30 June 2023 |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

1 New means airline commenced services after July 2014 and has not operated it in the 12 months prior to this application.

2 Claims for flights undertaken in 2022 are subject to available funds.

1. **other information you would like to provide to support the application (if any)**

**declaration/consent**

*To be signed by the Chief Executive Officer or a person authorised by the group or organisation to make the declaration/consent.*

|  |
| --- |
| *I declare that* *the information provided in this form is complete and correct and any required group or organisation endorsement has been received prior to submission of this application.**I declare, in accord with Paragraph 4.1 of the published program guidelines, that:*[ ]  *No conflict of interest exists in relation to this application for funding****OR***[ ]  *A conflict of interest may exist in relation to this application for funding. Further information is provided in the attachment provided below.**(please tick appropriate box)**I consent to participate in any follow-up surveys and/or case studies conducted by the Department to evaluate program outcomes.* *I acknowledge that if successful in this application my organisation will be required to negotiate a funding agreement with the Australian Government, in accordance with the Guidelines, that will provide the terms and conditions of the administration of the assistance under the Scheme.*  |
| ***Signature*** |  |
| ***Name*** |  |
| ***Position*** |  |
| ***Date*** |  |