



Please download the latest version and complete with Adobe Acrobat. If you're using a browser to complete this form you may lose your information.

Send this form and any attachments to metauthority@bom.gov.au

Purpose of this form

The Bureau of Meteorology (Bureau) can approve an Automatic Weather Observing System (AWOS) for the purpose of Civil Aviation Safety Regulation 1998 (CASR Part 91).

Use this form to apply for an approval - Certificate of Approval (Certificate), to vary a Certificate, to apply for the continued validity of a Certificate, or to cancel a Certificate.

Additional information

Multiple AWOS can be included in this application, however each AWOS will be considered as a separate application and charged accordingly.

An application is valid for a period of 12 months from the date of receipt of the application fee.

Privacy

Personal information you provide to the Bureau of Meteorology (the Bureau) is protected by the *Privacy Act 1988* (Cth) (the Privacy Act). The Bureau may only collect, use, store and disclose personal information in accordance with Privacy Act. For more information, view our full [Privacy Policy](#).

The Bureau will use the information collected in this form for the purposes of assessing applications, administering approvals, variations or ongoing validity in relation to Certificates of Approval for AWOS, and related agreements. In addition, the Bureau may be required to disclose information to other Commonwealth or State/Territory government agencies.

For more information

Visit the [Meteorological Authority Office](#) on the Bureau website.

Section A: Application Type

What are you applying for?

| | | | |
|---|---|---|---|
| <input type="checkbox"/> New Certificate | <input type="checkbox"/> Variation to a Certificate | <input type="checkbox"/> Continued validity of a Certificate | <input type="checkbox"/> Cancellation of a Certificate |
| <u>Complete</u> <input type="checkbox"/> Section B <input type="checkbox"/> Section C <input type="checkbox"/> Section E <input type="checkbox"/> Section F | <u>Complete</u> <input type="checkbox"/> Section B <input type="checkbox"/> Section C <input type="checkbox"/> Section D <input type="checkbox"/> Section F | <u>Complete</u> <input type="checkbox"/> Section B <input type="checkbox"/> Section F | <u>Complete</u> <input type="checkbox"/> Section B <input type="checkbox"/> Section D <input type="checkbox"/> Section F |

Section B: Applicant Details

| | | | |
|------------------------|--|---------|--|
| (a) Organisation Name | | | |
| (b) Registered Address | Street/PO Box: Town: State: Postcode: Country: | | |
| (c) ABN | | (d) ACN | |
| (e) Postal Address | Street/PO Box: Town: State: Postcode: Country: | | |
| (f) Contact Details | Phone: Mobile: Email: | | |

Section C: Automatic Weather Observing System (AWOS)

What do you require approval for?

| |
|---|
| Tick all boxes that are applicable: <input type="checkbox"/> Automatic Weather Station (AWS) <input type="checkbox"/> Threshold Anemometers <input type="checkbox"/> Transmissometers (RVR systems) <input type="checkbox"/> Low Level Wind Shear Systems (LIDAR) |
| List the Location(s) of each AWOS: |

Please advise if the equipment or aerodrome owner requires the provision of a TAF/METAR service

For any of the locations listed above will a TAF and/or METAR service be requested?

No ☐

Unknown ☐ Contact owner ☐ Phone number or email :

Yes ☐ Locations: _____

Section D: Variation or Cancellation

1. Vary a Certificate by the addition or removal of an AWOS
2. Cancel a Certificate.

Provide details:

Section E: Exposition of Compliance

A copy of the Exposition of Compliance and supporting documentation has been provided with this application

☐

A copy of the Exposition of Compliance has NOT been provided with this application but is expected to be provided to the Bureau by (provide an expected date): / /

☐

Section F: Applicant Declaration

Giving false or misleading information is a criminal offence under section 136.1 of the *Criminal Code Act 1995* (Cth).

As the accountable manager/proposed accountable manager/agent representative

1. I declare that the information provided in this application form is true and correct.
2. I understand that the information provided in this application form, when submitted, will be used by the Bureau to assess this application, and that the Bureau may require me to submit more information and other documents to support my application.
3. I understand and agree that for the Bureau to proceed with this application, the application fee must be paid and required supporting documents must be provided and that any of the following circumstances may delay the application:
 - a. non-receipt of the application fee; or
 - b. the application does not accurately and completely identify the requirements; or
 - c. the details in this application are subsequently changed; or
 - d. adequate supporting documentation has not been provided.
4. I understand that if issued, details of the Certificate (including the name of the Certificate Holder) will be published on the Bureau website.

Name:

Signature:

Date: