

ARO ACKNOWLEDGMENT

Aerodrome Name:	
Reporting Officer Name	
Date of training	

I, the above named, acknowledge receipt of:

- CAAP 92A-1(0)
- Skytrans Reporting Officer Questionnaire
- Skytrans Remote Aerodrome Strip Report and Check List

I have completed the training and understand my obligations as to strip reporting and serviceability to ensure Skytrans operations are always conducted in a safe manner.

I understand that I am responsible for ensuring the strip report is sent to Skytrans no later than 60 minutes prior to the scheduled departure time on the day of service.

I understand that if I do NOT submit a Strip Report in a timely manner, there will be no service to my strip on that day.

Signed:

Date:

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Please return this completed form to ops@skytrans.com.au