APPLICANT
Quality Audit Form

The Accountable Executive, or designee, completes this form and submits it along with all other items listed in the Pre-Application Checklist (PAC). Note: When the question refers to "the applicant," it means the company that is applying for the certificate.

Company Name:	
Address:	

§119.43(b)	Please indicate if the applicant meets the following requirements.	YES	NO	N/A
(1)	Is the applicant properly and adequately equipped and able to conduct safe operations? If NO, explain in Comments below.			
(2)	Has the applicant previously held an Air Carrier Certificate or Operating Certificate which was revoked? If YES, explain in Comments below.			
(3)	Does the applicant intend to fill or currently fill a key management position listed in GACAR Part 121 or 135, as applicable, with an individual who exercised control over or who held the same or a similar position with a certificate holder whose certificate was revoked, or is in the process of being revoked, and that individual materially contributed to the circumstances causing revocation or causing the revocation process? If YES, explain in Comments below.			
(4)	Will the applicant have an individual who will have control over or have a substantial ownership interest - who had the same or similar control or interest in a certificate holder whose certificate was revoked or is in the process of being revoked, and he/she materially contributed to the circumstances causing revocation or causing the revocation process? If YES, explain in Comments below.			

Comments:	

To Be Completed by Accountable Executive, or designee			
Print Name and Title		Signature	