

SAFETY MANAGER ACCEPTANCE APPLICATION FORM

A. FOR APPLICANT USE

1. ORGANIZATION AND APPLICANT DETAILS

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| Organization Name | |
| Organization Address | |
| Nominated Safety Manager Name | |
| Email address | |
| Contact Number | |

2. APPLICANT QUALIFICATIONS

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3. APPLICANT WORK EXPERIENCE

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4. APPLICANT TRAINING RELEVANT TO MANAGEMENT SYSTEMS

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5. MINIMUM QUALIFICATIONS & EXPERIENCE FOR THE SAFETY MANAGER POSITION

| | | COMPLAINT | |
|----|---|--------------------------|--------------------------|
| | | YES | NO |
| a. | Hold or have held an Airline Transport Pilot License (ATPL) for Air Operators and Pilots training organizations, or | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Aviation Maintenance Engineer Certificate/Airframe & Power plant License/Certificate for repair stations (Approved Maintenance Organizations) or aircraft manufacturers; | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | At least 3 years' experience and expertise in the aviation Safety Management System (implementation and improvement) of which one (1) year managerial experience (manager or supervisor); | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Operational experience related to the service provided by the certificate holder; | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | At least five years' experience in the aviation industry, of which two years in the related field (e.g., Air Operators, Training Organization, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Technical background to understand the systems that support the Certificate holder's operations; | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Experience and qualifications in conducting safety/quality audits and inspections | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Experience in Aircraft Accident Investigation | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Quality Management System experience is highly recommended; | <input type="checkbox"/> | <input type="checkbox"/> |

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|----|--|--------------------------|--------------------------|
| j. | Understanding of human factors principles; | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | Analytical and problem-solving skills; | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | Communication skills. | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | Project management skills; | <input type="checkbox"/> | <input type="checkbox"/> |
| n. | Applicants are not a part of any other system of the concerned Organization. | <input type="checkbox"/> | <input type="checkbox"/> |

| 6. MINIMUM COMPLETED TRAINING PROGRAMS FOR THE SAFETY MANAGER POSITION | | COMPLAINT | |
|--|---|--------------------------|--------------------------|
| | | YES | NO |
| a. | Safety Management System | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Safety Risk Management | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Emergency Response Plan/Crisis Management | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Quality Management System | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Audit Techniques | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Human Factors | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Accident Investigation | <input type="checkbox"/> | <input type="checkbox"/> |

| 7. DECLARATION BY THE NOMINATED SAFETY MANAGER | | |
|---|-----------|------|
| <i>I hereby declare that the information given in this form is true, correct, and complete.</i> | | |
| Name | Signature | Date |
| | | |

| 8. DECLARATION BY THE ORGANIZATION ACCOUNTABLE EXECUTIVE | | |
|---|-----------|------|
| <i>I hereby certify that the applicant meets GACAR Part 5, eBook Volume 2 and other GACA requirements for the SMS Manager (Representative) acceptance, does not hold any operational responsibilities, and I am satisfied that the information contained in this application is true, correct and completed</i> | | |
| Name | Signature | Date |
| | | |

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B. FOR GACA USE ONLY

| 1. ASSESS THE APPLICANT KNOWLEDGE AND FAMILIARITY WITH THE FOLLOWING AREAS | | COMPLAINT | |
|--|--|--------------------------|--------------------------|
| | | YES | NO |
| a. | GACAR-PART 5 and other applicable GACARs. The SMS related areas in eBook Volumes (2, 3, 4, 12, etc.), AC 005-01, Guidance materials, Process and procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Comprehensive knowledge for the Organization's Manuals (Operations, Training, QMS, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Thorough knowledge of the Organization's Safety Management System (Manuals, Policy and Objectives, Reporting System, Safety Promotion, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Be able to demonstrate relevant knowledge, background and appropriate experience related to the activities of the organization; | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | General Knowledge of the Safety Management System (Objectives, Pillars, Elements, Responsibilities, Accountabilities, Management, Personnel, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | The Objectives and Purposes of the Safety Management System | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Safety policy, objectives and strategy | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | The primary role and responsibilities of the Safety Manager and Safety team. | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Safety Management System scope of operations. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | Safety Management system feedback system. | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | Safety Assurance Program (Plan, team, process and procedures, tools, records, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | Safety and Quality Assurance Responsibility for Sub-Contractors. | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | State Safety Program (SSP). | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. ASSESS THE APPLICANT SKILLS FOR | | COMPLAINT | |
|------------------------------------|---|--------------------------|--------------------------|
| | | YES | NO |
| a. | The ability and confidence to communicate directly to the accountable executive as his advisor and confidante; | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | The ability to communicate at all levels both inside and outside the company | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | The ability to be firm in conviction, promote a "just and fair culture" and yet advance an open and non-punitive atmosphere for reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Well-developed communication skills and demonstrated interpersonal skills of a high | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | The ability and confidence to communicate directly to the accountable executive as his advisor and confidante; | <input type="checkbox"/> | <input type="checkbox"/> |

| NOMINATED SAFETY MANAGER ACCEPTANCE | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected |

| No. | Remarks |
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| Inspector Name | Signature | Date |
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Supporting Documents

- 1- The official requesting/cover letter.
- 2- Copy of Applicant C.V.
- 3- Copy of the relative and required certificates, Licenses, Training, etc.
- 4- Prof of the relative Qualifications & experience.
- 5- Copy of Passport/ID
- 6- ID Photo