

SRP QUARTERLY FINANCIAL HEALTH REPORTING FORM

CERTIFICATE HOLDER DETAILS

Certificate Holder Name	
Certificate Holder Part	

REPORTING PERIOD HOLDER DETAILS

Year				
Quarter	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th

FINANCIAL HEALTH REPORTING

Free Cash Flow What's the current Free Cash Flow available as of the closure of the reporting period?	<input type="checkbox"/> Positive	<input type="checkbox"/> Zero	<input type="checkbox"/> Negative
Debt to Asset Ratio What's the current recorded Debt to Asset Ratio as of the closure of the reporting period?	<input type="checkbox"/> Zero	<input type="checkbox"/> Less than 1	<input type="checkbox"/> Greater Than or equal to 1
Gross Profit Margin What's the current Gross Profit Margin as of the closure of the reporting period?	<input type="checkbox"/> Positive	<input type="checkbox"/> Zero	<input type="checkbox"/> Negative
Net Profit Margin What's the current Net Profit Margin as of the closure of the reporting period?	<input type="checkbox"/> Positive	<input type="checkbox"/> Zero	<input type="checkbox"/> Negative
Safety Budget Availability What's the availability of the budget assigned to aviation safety, overall?	<input type="checkbox"/> Available with Considerable Investments	<input type="checkbox"/> Available	<input type="checkbox"/> Not Available
Safety Budget Usability What's the usability of the budget assigned to aviation safety, overall?	<input type="checkbox"/> Budget assigned and freely used	<input type="checkbox"/> N/A	<input type="checkbox"/> Budget assigned but not freely used

AUTHORIZATION

I hereby confirm that the above-reported information is accurate and complete!

Accountable Executive Name	Signature	Date

Kindly return this form, on a quarterly basis, to your certificate holder's GACA SMS Point of Contact and/or requestor.