



الهيئة العامة للطيران المدني
General Authority of Civil Aviation

SAFETY MANAGER ACCEPTANCE APPLICATION FORM

A. FOR APPLICANT USE

1. ORGANIZATION AND APPLICANT DETAILS	
a. Organization Name	
b. Organization Address	
c. Nominated Safety Manager Name	
d. Email address	
e. Contact Number	

2. APPLICANT QUALIFICATIONS	

3. APPLICANT WORK EXPERIENCE	

4. APPLICANT TRAINING RELEVANT TO MANAGEMENT SYSTEMS	

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5.	MINIMUM QUALIFICATION & EXPERIENCE FOR THE SAFETY MANAGER POSITION	COMPLIANT	
		YES	NO
a.	Hold or have held an Airline Transport Pilot License (ATPL) for Air Operators and Pilots training organizations, or		
b.	Aviation Maintenance Engineer Certificate/Airframe & Power plant License/Certificate for repair stations (Approved Maintenance Organizations) or aircraft manufacturers;		
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);		
d.	Operational experience related to the service provided by the certificate holder;		
e.	At least five years' experience in aviation industry of which two years in the related field (e.g., Air Operators, Training Organization, etc.)		
f.	Technical background to understand the systems that support the Certificate holder's operations;		
g.	Experience and qualifications in conducting safety/quality audits and inspections		
h.	Experience in Aircraft Accident Investigation		
i.	Quality Management System experience is highly recommended;		
j.	Understanding of human factors principles;		
k.	Analytical and problem-solving skills;		
l.	Communication skills.		
m.	Project management skills;		
n.	Applicant is not a part of any other system of the concerned Organization.		

6.	MINIMUM COMPLETED TRAINING PROGRAMS FOR THE SAFETY MANAGER POSITION	COMPLIANT	
		YES	NO
a.	Safety Management System		
b.	Safety Risk Management		
c.	Emergency Response Plan/Crisis Management		
d.	Quality Management System		
e.	Audit Techniques		
f.	Human Factors		
g.	Accident Investigation		

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7. DECLARATION BY THE NOMINATED SAFETY MANAGER

I hereby declare that the information given in this form is true, correct, and complete.

Name	Signature	Date

8. DECLARATION BY THE ORGANIZATION ACCOUNTABLE EXECUTIVE

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.

Name	Signature	Date

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B. For GACA USE ONLY

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

2.	ASSESS THE APPLICANT SKILLS FOR	COMPLIANT	
		YES	NO
a.	The ability and confidence to communicate directly to the accountable executive as his advisor and confidante;		
b.	The ability to communicate at all levels both inside and outside the company		
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		
d.	Well-developed communication skills and demonstrated interpersonal skills of a high		

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NOMINATED SAFETY MANAGER ACCEPTANCE

Accepted	Rejected
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No.	Remarks

Inspector Name	Signature	Date

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