

SRP QUARTERLY FINANCIAL HEALTH REPORTING FORM

CERTIFICATE HOLDER DETAILS	
Certificate Holder Name:	
Certificate Holder Part:	

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

FINANCIAL HEALTH REPORTING			
Free Cash Flow What's the current Free Cash Flow available as of the closure of the reporting period?	Positive	Zero	Negative
Debt to Asset Ratio What's the current recorded Debt to Asset Ratio as of the closure of the reporting period?	Zero	Less than 1	Greater than or equal to 1
Gross Profit Margin What's the current Gross Profit Margin as of the closure of the reporting period?	Positive	Zero	Negative
Net Profit Margin What's the current Net Profit Margin as of the closure of the reporting period?	Positive	Zero	Negative
Safety Budget Availability What's the availability of the budget assigned to aviation safety, overall?	Available with Considerable Investments	Available	Not Available

AUTHORIZATION

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

Accountable Executive:	
Date:	

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