SRP QUARTERLY FINANCIAL HEALTH REPORTING FORM

CERTIFICATE HOLDER DETAILS	
Certificate Holder Name	
Certificate Holder Part	

REPORTING PERIODHOLDER DETAILS				
Year				
Quarter	☐ 1st	☐ 2nd	☐ 3rd	☐ 4th

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
Safety Budget Usability What's the usability of the budget assigned to aviation safety, overall?	☐ Budget assigned and freely used	☐ N/A	☐ 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.		