

## SRP QUARTERLY FINANCIAL HEALTH REPORTING FORM

CERTIFICATE HOLDER DETAILS				
Certificate Holder Name				
Certificate Holder Part				
REPORTING PERIODHOLDER DETAILS				
Year				
Quarter	1st	] 2 <sup>nd</sup>	☐ 3 <sup>rd</sup>	☐ 4 <sup>th</sup>
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				One of the Third
What's the current recorded Debt to Asset		☐ Zero	☐ Less than 1	☐ Greater Than or equal to 1
Ratio as of the closure of the reporting period?				or equal to 1
Gross Profit Margin				
What's the current Gross Profit Margin as of		☐ Positive	☐ Zero	☐ Negative
the closure of the reporting period?				
Net Profit Margin What's the current Net Profit Margin as of the		☐ Positive	☐ Zero	□ Negative
closure of the reporting period?		☐ Positive	□ Zeio	☐ Negative
Safety Budget Availability		☐ Available with		
What's the availability of the budget assigned		Considerable	☐ Available	☐ Not Available
to aviation safety, overall?		Investments		
Safety Budget Usability		☐ Budget		☐ Budget
What's the usability of the budget assigned to		assigned and	□ N/A	assigned but not
aviation safety, overall?		freely used		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 guarterly basis to your contificate helder's CACA CMC Deist of Contact				
Kindly return this form, on a quarterly basis, to your certificate holder's GACA SMS Point of Contact and/or requestor.				
and/or requestor.				

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