

APPLICATION FOR SMS ACCEPTANCE

Part-1 (To be filled by the applicant)							
Name of Certificate Holder/Service Provider		Address of Certificate Holder/Service Provider					
Type of Certificate Holder/Service Provider (Mark one)	Air Operator	Air Navigation Services	Aerodrome Operator	Ground Handler	Training Organization	Repair Station	
Reference Number of GACA Certificate held (or to be)	No						
1. Please accord GACA acceptance of the SMS of my organization.							
2. Following documents are attached:							
a) SMS manual (SMM)							
b) SMS Implementation Plan (IP) & Gap Analysis (if applicable)							
c) Emergency Response Plan (ERP)							
d) Proposed Safety Performance Indicators and Target Level Criteria							
e) CV of SMS Management Representative (Ref. GACAR § 5.25(c))							
f) List of other relevant documents							
(Soft copies -searchable PDF- of all documents are highly encouraged for an expedited processing)							
3. It is certified that:							
 a) all applicable requirements of GACAR Part 5 are fully complied with b) the accepted SMS will be fully implemented c) Proposed Safety Performance Indicators are established to the satisfaction of GACA 							
APPLICANT:							
SMS Management Representative							
Date of application:		hone:		E-mail:	• • • • • • • • • • • • • • • • • • • •	• •	
Part-2 (For GACA S&R Use)							
Comments of GACA SS&AT specialist D	epartment	SATISFA		Attach extra sl	UNSATISFA neets as require		
Review of documents by GACA S&R Team		SATISFA		UNSATISFACTORY (Attach extra sheets as required)			
Audit of Organization by GACA S&R Team		SATISFACTORY UNSATISFACTORY (Attach extra sheets as required)					
Recommendation for SMS acceptance, by Manager Safety Program: RECOMMENDED NOT RECOMMENDED							
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Name:	Signature:			Date:			