



Form Number: SW/FSD/AGA/F/026
 Revision Number: 0
 Date: 10-03-2017

SWAZILAND CIVIL AVIATION AUTHORITY

SW/FSD/AGA/F/026

Form to be used for the submission of the safety manager, or person responsible for safety management, to be filled by the aerodrome operator

PART 1. Particulars of the Applicant Organization

1.1 Full Name:		
1.2 Trade Name:		
1.3 Full Business / Residential Address:		
1.4 City:	1.5 Postal Code:	1.6 Email address:
1.7 Telephone Number:		1.8 Fax, Telex or other contact (if any)
1.9 Legal status of applicant organization (individual/company/trust/other – please specify)		
1.10 Registration Number in the case of a corporation/company/trust:		
1.11 Aerodrome (s) operated:		
1.12 Full particulars of the nominated person responsible for safety management		
Name:		Title in the Organization:
Telephone:		Mobile:
Email address:		
1.13 Nomination <input type="checkbox"/> First <input type="checkbox"/> Replaces (indicate name of previous nominee):		
1.14 In case of change of the person responsible for safety management, reason for change:		

PART 2 : Duties and powers

The duties of the nominee include:		
(a) Management of the Safety Management System implementation plan on behalf of the Accountable Manager and Compliance Officer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) Facilitation of definition of level of safety, indicators, and their management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) Recording the findings and communicating them to management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(d) Maintaining safety documentation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(e) Provision of periodic reports on safety performance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(f) Planning and organization of staff safety training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.2 If the answer to 2.1 is YES, the contractual authority is given through:		
<input type="checkbox"/> Delegation from the Accountable Manager and Compliance Officer		
<input type="checkbox"/> individual employment letter	<input type="checkbox"/> Special assignment	
2.3 The applicant declares hereby that the information provided in the proposal form is true in every respect		
----- Name & Title	----- Signature	----- Date

PART 3: SUPPORTING DOCUMENTS

4.1 Supporting Documents (Attach) Mark the appropriate block	
<input type="checkbox"/> Curriculum Vitae of the nominee	<input type="checkbox"/> Copies of qualifications
<input type="checkbox"/> Summary of assessment of the nominee by the applicant	<input type="checkbox"/> Other (please specify)