

Application For The ICAP Federal Aviation Safety Officer Certificate

Initial Certificate and Renewal Letter Requirements

Name _____

Agency _____

Address _____

City _____ State _____

Zip _____

Telephone (_____) _____ Fax (_____) _____

E-Mail
Address _____

Current Federal Agency
Aviation Safety Program
Assignment _____

NOTE: Applicants for the initial certificate must have completed at least 24 hours of training encompassing training in all the course elements listed below. To maintain active status an ICAP Federal ASO Certificate holder must be actively engaged in a Federal agency aviation safety program, and complete 16 hours of ASO course elements within 24 calendar months. The 24 calendar months begin from the date a Federal ASO first completes the initial requirements for the certificate and includes each subsequent 24 calendar-month period.

List applicable experience, course name and location if appropriate, and hours of training. Use a separate sheet if necessary. Copies of course completion certificates, job descriptions, etc. must be included with the application in sufficient detail for review by the SSTS ASO Certificate Selection Group.

**Basic Aviation
Accident
Investigation:** _____

**Human
Factors:** _____

**Risk
Management:** _____

**Aviation Safety
Program Management:** _____

**Legal Aspects
Of Aviation:** _____

**Other
Courses:** _____

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TO BE COMPLETED BY APPLICANT:

"I hereby apply for (initial or renewal) the ICAP Federal Aviation Safety Officer Certificate. I certify that the information contained in this document is correct."

Applicant's Signature and Date

TO BE COMPLETED BY APPLICANT'S IMMEDIATE SUPERVISOR:

"I certify that the applicant listed above is currently assigned to a Federal agency aviation safety program and I support his/her application for the ICAP Federal ASO Certificate."

Applicant's Immediate Supervisor/Signature and Date

TO BE COMPLETED BY APPLICANT'S ICAP REPRESENTATIVE:

"I am aware that the applicant listed above is currently assigned to a Federal agency aviation safety program and I support his/her application for the ICAP Federal ASO Certificate."

Applicant's ICAP Representative/Signature and Date

TO BE COMPLETED BY ICAP SAFETY STANDARDS AND TRAINING SUBCOMMITTEE (SSTS):

Approved

Disapproved

SSTS ASO Certificate Selection Group

(Attach Rational)

Chair, SSTS Signature and Date _____