

AUDIT COMPANY APPLICATION

1. GENERAL INFORMATION

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

WEBSITE: _____

CONTACT E-MAIL: _____

2. QUALIFICATIONS

Attach separate sheet listing countries where company has conducted audits and type of audits conducted.

Indicate the company qualifications by checking the appropriate areas of expertise.

- a. FAA Standards and Recommended Practices _____
- b. ICAO Standards and Recommended Practices _____
- c. Experience in Charter Operations _____
- d. IOSA _____
- e. ISBAO _____
- f. ISO _____

3. MANAGEMENT PERSONNEL

YEARS AVIATION EXPERIENCE

President _____

Vice President _____

4. ATTACH RESUME OF COMPANY QUALIFICATIONS AND EXPERIENCE

SIGNATURE: _____

PRINT: _____

TITLE: _____

DATE: _____

Send completed form with attachments to: acsfadmin@acsf.aero