International Civil Aviation Organization and the Directorate General of Air Communication, Indonesia

SIXTH MEETING OF AERONAUTICAL TELECOMMUNICATION NETWORK (ATN) TRANSITION TASK FORCE OF APANPIRG

Bali, Indonesia, 26-30 April 2004

Agenda Item 4: **Discussions and Review on ATN Technical Documents - ATN Systems Integrity Issues**

SAMPLE SYSTEM INTEGRITY AUTHORIZATION

(Prepared by: Vic Patel, US FAA)

SUMMARY

The draft ATN System Integrity Policy requires that the Designated Approval Authority (DAA) in each administration formally authorize operation of the systems in the administration's domain. Attached is a sample authorization template

<Administration/Organization Name>

SYSTEM VERIFICATION AND AUTHORIZATION CERTIFICATE

[System Name]

[Date]

(I / We) certify that having carefully reviewed the verification data for this system:

SYSTEM INTEGRITY VERIFICATION DATA TEAM LEAD
SIGNATURE PRESENTING VERIFICATION DATA FOR CERTIFICATION .....DATE
(Enter Verification Data team Lead Name, Organization, and Phone Number in this field)

_____ _____

VERIFICATION

(I / We) certify that the management, operational, and technical controls designed, developed, and implemented (provide / not provide) the necessary system integrity to reduce the risk of operating the aforementioned system to an acceptable level.
Based on this review (I / We) (recommend / do not recommend / recommend with comment) that the aforementioned system be submitted for authorization.
(Restrictions or Comments, if any) (This section can recommend corrective action to be taken to include a schedule for these actions to take place.)

SYSTEM INTEGRITY VERIFICATION CERTIFIER SIGNATURE .....DATE
(Enter Verification Certifier Name, Organization, and Phone Number in this field)

_____ _____

AUTHORIZATION

I certify that the management, operational, and technical controls designed, developed, and implemented (provide / not provide) the necessary system integrity to reduce the risk of operating the aforementioned system to an acceptable level.
Based on this review I (authorize/ do not authorize / authorize with comment) the aforementioned system for operation
(Restrictions or Comments, if any) (This section can recommend corrective action to be taken to include a schedule for these actions to take place.)

DESIGNATED APPROVING AUTHORITY SIGNATURE ..... DATE
(Enter DAA Name, Organization, and Phone Number in this field

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