



ICAO

RRAPRegional Safety Oversight Organization and Regional Accident
Incident Investigations Organization Assessment Programme**ASSESSMENT APPLICATION****GENERAL ORGANIZATION INFORMATION**

ORGANIZATION NAME:		YEAR ESTABLISHED:	
STREET ADDRESS:		TYPE OF ORGANIZATION:	Regional Safety Oversight Organization (RSOO)
CITY:			Regional Accident Investigation Organization (RAIO)
STATE/PROVINCE:		PRINCIPAL FOCAL POINT:	
POSTAL CODE:		POSITION:	
COUNTRY:		TELEPHONE:	
NUMBER OF INSPECTORATE AND OTHER TECHNICAL STAFF	AGA:	EMAIL	
	AIG:	WEBSITE:	
	AIR:	* PLEASE ATTACH COPY OF ORGANIZATION CHART	ATTACHED?
	ANS:		
	OPS:		
	PEL:		
	TOTAL:		

SCOPE OF APPLICATION

APPLICATION TYPE:	INITIAL APPLICATION	TECHNICAL AREA:	GEN:
	CHANGE TO SCOPE OF ASSESSMENT		

ADD ADDITIONAL SHEETS IF NEEDED CLICK

It is understood and the RSOO/RAIO by its signature hereto agrees that it shall indemnify, defend and hold harmless ICAO, including its officers, directors, employees, agents, and third party contractors, from and against all demands, claims, losses, expenses, damages and costs, including reasonable attorneys' fees, arising from or in connection to the RRAP assessment of this RSOO/RAIO. The RSOO/RAIO shall further defend, indemnify and hold harmless ICAO, including its officers, discharging of the safety or accident investigation functions assigned to it by States.

SIGNATURE OF AUTHORIZING OFFICIAL

DATE