



ICAO

# RRAP

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