



## GENERAL ORGANIZATION INFORMATION

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

## SCOPE OF APPLICATION

<b>APPLICATION TYPE:</b>	INITIAL APPLICATION	<b>TECHNICAL AREA:</b>	AGA:
	CHANGE TO SCOPE OF ASSESSMENT		AIG:
			AIR:
			ANS:
			OPS:
			PEL:

## SAFETY FUNCTIONS PERFORMED TO SUPPORT STATES

STATE(S) FOR WHICH YOU PERFORM THESE FUNCTIONS OR ACTIVITIES	TECHNICAL AREAS	DESCRIPTION OF FUNCTIONS OR ACTIVITIES PERFORMED	LEVEL OF FUNCTIONS OF ACTIVITIES	TIMEFRAME
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			
	AGA:      ANS:		LEVEL 1	
	AIG:      OPS:		LEVEL 2	
	AIR:      PEL:			

### 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