



ACCOUNTABLE MANAGER DECLARATION - CERTIFICATION OF ATSP

ACCOUNTABLE MANAGER DECLARATION FORM (To be completed by all key ATS managerial personnel)

Name of the Officer:

Name of Employer:

Post/title:

Principal Responsibilities:

Report to:

Academic Qualifications

Work Qualification & Experience

Years in Current Position

Last position held

Sub-ordinate staffing structure (Provide on separate sheet)

Declaration of Undertaking

(1) I, _____, an employee of _____ and holding the position of _____, having understood my principal responsibilities, is prepared to uphold them ensuring that the operation of the said air traffic services is for the safety of aircraft operations.

(2) I am fully aware that any failure on my part on the area of responsibility so assigned to me to ensure:

(i) compliance to the applicable standards published by the Authority; and

(ii) compliance to the procedures promulgated by my employer;

Will be in breach of 3.1 of the SDATS; and may invalidate the ATS Provider Certificate issued to my employer.

(3) I understand that each post holder is accountable for the responsibilities/ functions so prescribed for the said position and that accountability entails competency on the part of the post holder in his/her performance.

Signature: _____

Date: _____

For CAAF Use Only

Exposition /Ops MATM

Acceptability of the applicant:

YES /No*

Remarks: (*Areas of non-compliance, reasons, etc)



Civil Aviation Authority of Fiji
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Form
GS 210

Name	Signature	Date
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