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| **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: 3. compliance to the applicable standards published by the Authority; and 4. 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 Click or tap to enter a date. | |
| **For CAAF Use Only** | |
| Exposition /Ops MATM |  |
| Acceptability of the applicant: | YES /No**\*** |
| Remarks: (\*Areas of non-compliance, reasons, etc) | |

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| Name: | Signature | Date Click or tap to enter a date. |