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ESWATINI CIVIL AVIATION AUTHORITY ECA/REG/AGA/F/037

Form to be used for the submission of the quality assurance procedure, to be filled by the
aerodrome operator

PART 1. PARTICULARS OF THE AERODROME OPERATOR

1.1 Full Name:	
1.2 Trade Name:	
1.3 Full Business / Residential address:	
1.4 City:	
1.5 Email address:	
1.6 Telephone Number:	
1.7 Aerodrome certificate Number:	Expiry Date:
1.8 Full particulars of the accountable manager and compliance officer (Names, Titles, and contact details):	
1.9 Full particulars of person responsible for Quality Assurance Procedure (Names, Titles, and contact details):	

PART 2 : SUBMISSION FOR THE QUALITY ASSURANCE PROCEDURE

2.1 The quality assurance procedure contains (See SW/FSSD-AGA/AC/004):		
a. A plan for an initial audit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. A plan for periodical review of the entire system	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. A system for appointing auditors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. A system for recording and managing findings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. A system for developing and managing corrective actions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the answer to any of the above is NO, attach the justification for not including it		

PART 3 : SUPPORTING DOCUMENTS

3.1 Supporting Documents	
Mark the appropriate block	
<input type="checkbox"/>	Proposed quality assurance procedure
<input type="checkbox"/>	Additional supporting document (specify)

The Aerodrome operator declares hereby that the particular provided in the application are true in every respect. Pursuant to Civil Aviation Authority (Aerodrome) Regulation 164(1) (h), this constitutes an application for the internal quality assurance procedure, as described in Part 2 above, and the attached procedure.

Name and titel of the Applicant authorized person

Signature

Date

