# Introduction

* For information on the expectations and timelines for your assessment, please view the **ISSA Process Overview sheet:**

<https://www.iata.org/contentassets/1936770db73c43ffa6f08a32befd9e3a/issa-process-overview22jul2024.pdf>

* Please submit your **Air Operator Certificate, Operational Specifications documents, and Initial Assessment Application Form** to issa@iata.org.
* If you have any questions regarding this form, please contact issa@iata.org.

# 1 - General Information

|  |  |
| --- | --- |
| Operator’s Legal Name |        |
| Trade Name/Doing Business as (If any) |  |
| ICAO Code |  |
| IATA Code |  |
| Official Address |  |
| Main Operating Base (Airport Code) |  |
| Primary Language of Operations |  |
| Reason for undergoing ISSA Assessment |  |
| Desired timeframe to conduct the ISSA assessment |  |
| Will your initial assessment be affiliated with any other airline? Please provide name(s) and ICAO code(s).  |  |

# 2 - Ownership / Alliances

|  |  |
| --- | --- |
| Is the operator | [ ]  An Independent Entity [ ]  Part of an airline group |
| If part of airline group, please specify which one |       |

# 3 - Contact Information

|  |  |
| --- | --- |
| Primary: Contact Name |       |
|  Designation | Choose an item.. |
|  Job Title |       |
|  Phone Number |       |
|  Email |       |
| Secondary: Contact Name |       |
|  Designation |  Choose an item. |
|  Job Title |       |
|  Phone Number |       |
|  Email |       |

# 4 - ISSA History and Readiness

|  |  |
| --- | --- |
| Has the Operator undergone an ISSA assessment before?  | [ ]  Yes [ ]  No |
| Was the operator ever ISSA registered | [ ]  Yes [ ]  No |
| Please specify reason of registry removal and/or incomplete ISSA assessment |       |
| Has the operator had ISSA consulting services in the past? | [ ]  Yes [ ]  No |
| If yes to the above question, please specify who provided the consulting service.  |       |
| How many years has your airline been operational? |       |
| Has your airline recently undergone any significant operational restructuring?  | [ ]  Yes [ ]  No |
| Have your airline auditors taken Risk-Based training?  | [ ]  Yes [ ]  No [ ]  Planning to |
| Has your airline conducted a GAP analysis? | [ ]  Yes [ ]  No [ ]  Planning to |
| Has your airline ever audited the IOSA Standards and Recommended Practices (ISARPs) through your Quality Assurance Program? | [ ]  Yes [ ]  No [ ]  Planning to |

# 5 - Airline Billing Details

The Airline shall complete and provide IATA the following billing information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Details** |  | **Contact Person** |  |
| Customer Name (Company Name) | Click here to enter text. | Title | Click here to enter text. |
| Address Line 1  | Click here to enter text. | Name (First + Last) | Click here to enter text. |
| Address Line 2 | Click here to enter text. | Function | Click here to enter text. |
| Address Line 3 | Click here to enter text. | Department | Click here to enter text. |
| PO Box | Click here to enter text. | Telephone | Click here to enter text. |
| Postal Code | Click here to enter text. | Email | Click here to enter text. |
| City | Click here to enter text. |
| Region/ Province/ State | Click here to enter text. |
| Tax Jurisdiction Code (Canadian airline only) | Click here to enter text. |
| Country | Click here to enter text. |
| Telephone (not contact specific) | Click here to enter text. |
| Email (not contact specific) | Click here to enter text. |
| **Other Information (Mandatory if active ICH member)** |
| ICH Code | Click here to enter text. |
| ICH Currency Zone | Click here to enter text. |
| ICH Status | Click here to enter text. |
| SIS - Country Location Code | Click here to enter text. |
| SIS - Location Code | Click here to enter text. |
| VAT Exempt | Click here to enter text. |
| VAT Number (European based airline only) | Click here to enter text. |

# 6-Terms

1. It is the operator’s responsibility to ensure they meet the eligibility criteria for an ISSA Assessment. <https://www.iata.org/en/programs/safety/audit/issa/scope-eligibility/>
2. Payment of the application fee must be received by IATA no later than 30 days after the issue date of the invoice.
3. Should payment not be received within 30 days from the issue date of the invoice, the application process may be terminated. In such case, a new application must be sent if the Operator decides to undergo an ISSA Assessment.
4. Assessment Agreement processing and assessment planning shall only be performed by IATA once payment of the application fee has been received.
5. Upon payment of the Initial Application Fee, the airline has one calendar year to sign an ISSA Assessment Agreement, after which the Initial Application Form becomes invalid.
6. This application is not transferable.

# 7 - Application Preparer

[ ]  *I declare that I am authorized by the Operator to prepare and submit this application to IATA.*

[ ]  *I declare that I have read and understood the terms of Section 6*

[ ]  *A non-refundable application fee of 500 USD will be charged by IATA to process this Application.*

Application Prepared by:

Date: