

Application for ICAP Federal Aviation Safety Officer Certificate

Initial Certificate:

Name: _____

Agency: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: (_____)_____ FAX: (_____)_____

Email Address: _____

Current Federal Agency/Military Aviation Safety Program Assignment:

NOTE:

To maintain active status, an ICAP Federal Aviation Safety Officer Certificate holder must be actively engaged in a Federal Agency/DOD aviation safety program and complete 16 hours of Aviation Safety Officer course elements within 24 calendar months. The ICAP conducts a three day (24 credit hour) ASO Workshop every 18 months. ICAP Federal Aviation Safety Officers will be notified of the dates and location every year via the ICAP ASO Listserver. Please join the ASO Corp biennial for this event to maintain your certification or send in the renewal application biennial with qualifying Aviation Safety classes you have attended over the past 24 month. The renewal form can be requested at aviationpolicy@gsa.gov or found Online at <https://www.gsa.gov/policy-regulations/policy/aviation-management-policy/federal-aviation-safety-officer-aso-training>.

Note:

Application must be received from a **.gov or .mil address.**

Please provide a mailing address where you would like to receive the hard copy of your ICAP ASO Certificate. We cannot mail to an **PO box, APO, FPO, or DPO box.**

Certified Aviation Safety Course or transcript equivalent information:

- Please attach ASO Course Completion Certificate "**OR**", list equivalent qualification courses/classes below.
- If you have not completed an ASO certifying course, but have completed equivalent qualifying courses/ classes, please list applicable courses below with course name, location and hours of training. Please attach any course completion certificates or college transcripts for review by the Safety Standards and Training Aviation Safety Officer Selection Group.

1. Basic Aviation Accident Investigation: _____

2. Human Factors: _____

3. Risk Management: _____

4. Aviation Safety Program Management: _____

5. Legal Aspects of Aviation: _____

6. Other courses and experiences: _____

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TO BE COMPLETED BY APPLICANT

“I hereby apply for “initial” or “renewal” (circle initial or renewal) the ICAP Federal Aviation Safety Officer Certificate. I certify that the information contained in this document is correct.”

Applicant’s Signature and Date of Signature:

TO BE COMPLETED BY APPLICANT’S IMMEDIATE SUPERVISOR

“Certify that the applicant listed above is currently assigned to a Federal agency aviation safety program and I support his or her application for the ICAP Federal Aviation Safety Officer Certificate.”

Applicant’s Immediate Supervisor’s Signature and Date of Signature:
