|  |  |
| --- | --- |
|  | IOSA Auditor CV  Reference: INS.F15  Issuance Date: 25-Oct-2019 |

## Section 1 – AO Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Organization:** | Choose an item. | Date: | DD/MM/YY |

## Section 2 – Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  |  | **Choose an item.** |
|  | Last | First | Salutation |

|  |  |  |
| --- | --- | --- |
| **Place of Birth** |  |  |
|  | City | Country |

|  |  |  |  |
| --- | --- | --- | --- |
| **Citizenship(s)** |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | City | State | ZIP Code | Country |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile:** |  | **Email:** |  |
|  | (add Country Code) |  |  |

|  |  |
| --- | --- |
| **English Proficiency:** | Native  Excellent  Working Proficiency |

|  |  |
| --- | --- |
| **Other Languages (If Applicable):** |  |
|  | Native  Excellent  Working Proficiency  Basic |
|  | Native  Excellent  Working Proficiency  Basic |
|  | Native  Excellent  Working Proficiency  Basic |
|  | Native  Excellent  Working Proficiency  Basic |

## Section 3 – Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level of Education** | **Institute** | **Location** | **From** | **To** | **Title of Certificate  or Diploma** |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |

*Note: The entries should be submitted in chronological order, beginning with the most recent one.*

## Section 4 – Training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Training** | **Institute** | **Location** | **From** | **To** | **Title of Certificate or Diploma** |
| **Current Auditor Certification**  **(IPM 3.3.5 (i))** |  |  | DD/MM/YY | DD/MM/YY |  |
| **Formal Aviation-based SMS Training Certificate**  **(IPM3.3.5 (ii))** |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |
|  |  |  | DD/MM/YY | DD/MM/YY |  |

*Notes:*

* *After the rows pertaining to Auditor- and SMS training, the entries should be submitted in chronological order, beginning with the most recent one*
* *For IPM 3.3.5 (i) an IOSA Auditor Training certificate is not acceptable.*

## Section 5 – Work Experience

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Five (5) or more years of total work experience in one or more IOSA Operational Disciplines: | | | |
| **Employer** | **Job Title** | **From** | **To** | |
|  |  | DD/MM/YY | DD/MM/YY | |
| **Job Description** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

*Notes:*

* *The entries should be submitted in chronological order, beginning with the most recent one*
* *One (1) year of work experience in one or more IOSA operational disciplines shall be within the four (4)-year period immediately prior to application as a candidate for IOSA Auditor.*

1. Two (2) or more years of work experience in any single IOSA Operational disciplines:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

*Note: The entries should be submitted in chronological order, beginning with the most recent one.*

|  |  |
| --- | --- |
| **Comments:** |  |

## Discipline-specific Experience – ORG

|  |  |  |  |
| --- | --- | --- | --- |
| Two (2) years or more, of work experience in either requirement below: | | | |
| Employer | Job Title | From | To | |
| Auditor conducting audits of airline management systems | | | | |
|  |  | DD/MM/YY | DD/MM/YY | |
| Job Description |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Job Title | From | To |
| Airline Management Systems Inspector for a National Aviation Authority | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| Job Description |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Senior Management position for an airline or an organization that conducts operations for an airline | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

## Discipline-specific Experience – FLT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Certificates** | | | | | |
| **Certificate Type** | **License or Certificate Issuing Authority** | **Employer** | **Issue Date** | **Expiry Date** |
| Holder of an ATPL |  |  | DD/MM/YY | DD/MM/YY |
| Holder of a Flight Engineering license/rating |  |  | DD/MM/YY | DD/MM/YY |

1. **Core Aviation Experience**

Five (5) years or more of work experience in either requirement below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pilot on Transport Category Aircraft** | **Job Title** | **Employer** | **Issue Date** | **Expiry Date** |
|  |  | DD/MM/YY | DD/MM/YY |
|  |  | DD/MM/YY | DD/MM/YY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Flight Engineer on Transport Category Aircraft** | **Job Title** | **Employer** | **Issue Date** | **Expiry Date** |
|  |  | DD/MM/YY | DD/MM/YY |
|  |  | DD/MM/YY | DD/MM/YY |

*Note: Experience must have occurred within the 10-year period immediately prior to application as an IOSA Auditor in the FLT discipline.*

1. **Flight Operations Experience**

Two (2) years or more of work experience in either requirement below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Flight Operations Management Position for an operator utilizing transport category  aircraft | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Pilot Flight Crew Instructor or Evaluator for an operator utilizing transport category aircraft | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Airline Flight Operations Inspector on transport category aircraft for a National Aviation Authority | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Flight Operational Quality or Safety Auditor for an operator utilizing transport category aircraft | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

1. **Mandatory Observations of Line Flight Operations (LFO)**

In addition to fulfilling prerequisites for FLT, to conduct Line Flight Operations observations, the candidate shall have operated as a Pilot in Command on transport category aircraft:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pilot in Command on Transport Category Aircraft** | **Aircraft Type(s)** | **Employer** | **Job Title** | **From** | **To** |
|  |  |  | DD/MM/YY | DD/MM/YY |

1. **Mandatory Observations of Flight Simulator (SIM)**

In addition to fulfilling prerequisites for LFO, either of the below requirements need to be met:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Simulator Operating experience as a full flight (dynamic) simulator pilot instructor, or pilot-evaluator on transport category aircraft** | **Aircraft Type(s)** | **Employer** | **Job Title** | **From** | **To** |
|  |  |  | DD/MM/YY | DD/MM/YY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Formal Training course on flight simulator operations** | **Institute** | **From** | **To** | **Training Certificate** |
|  | DD/MM/YY | DD/MM/YY |  |

## Discipline-specific Experience – DSP

|  |  |  |  |
| --- | --- | --- | --- |
| Three (3) years or more, of work experience in either requirement below: | | | |
| **Employer** | **Job Title** | **From** | **To** | |
| Airline Flight Dispatcher or Flight Operations Officer (FOO) or any operational and/or managerial role in the airline operational control center | | | | |
|  |  | DD/MM/YY | DD/MM/YY | |
| **Job Description** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Airline Pilot Flight Crew Member licensed by a National Aviation Authority | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Airline Flight Operations Inspector for a National Aviation Authority | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

*Note: If the experience is as flight dispatcher or flight operations officer and the candidate has obtained a certification, reference shall be made in the “Job Description” column.*

## Discipline-specific Experience – MNT

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Aviation Experience**   Five (5) years or more, of work experience in either requirement below: | | | |
| **Employer** | **Job Title** | **From** | **To** | |
| Aircraft Engineering and Maintenance | | | | |
|  |  | DD/MM/YY | DD/MM/YY | |
| **Job Description** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Maintenance Quality function in support of Airline Operations | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

*Note: Experience must have occurred within the 10-year period immediately prior to application as an IOSA Auditor in the MNT discipline.*

**2. Quality Experience**

Two (2) years or more, of work experience in either requirement below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Performing Quality Assurance Audits of Aircraft Engineering and Maintenance | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Performing Quality Systems Evaluations or Aircraft Maintenance Programs | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Performing Operational Quality Audits of Foreign Airlines in the area of Airline Engineering and Maintenance | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| As an airline airworthiness inspector for a National Aviation Authority | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

**3. Audit Experience**

Four (4) Audits conducted in support of aircraft engineering and maintenance functions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Auditee** | **Audit on behalf of** | **Audit Scope** | **Audit Category** | **From** | **To** |
|  |  |  |  | DD/MM/YY | DD/MM/YY |
|  |  |  |  | DD/MM/YY | DD/MM/YY |
|  |  |  |  | DD/MM/YY | DD/MM/YY |
|  |  |  |  | DD/MM/YY | DD/MM/YY |
|  |  |  |  | DD/MM/YY | DD/MM/YY |
| *Notes:*   1. *All audits reported on table above shall have been conducted within 24 months period immediately prior to application as an IOSA Auditor in the MNT discipline.* 2. *At least one audit shall have been conducted within 12 months period immediately prior to application as an IOSA Auditor in the MNT discipline.* | | | | | |

## Discipline-specific Experience – CAB

|  |  |  |  |
| --- | --- | --- | --- |
| Two (2) years or more, of work experience in either requirement below: | | | |
| **Employer** | **Job Title** | **From** | **To** | |
| Airline Cabin Crew or Holder of an ATPL/CPL/Flight Engineer License | | | | |
|  |  | DD/MM/YY | DD/MM/YY | |
| **Job Description** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Airline Flight Operations Inspector for a National Aviation Authority | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

*Note: Experience must have occurred within the 10-year period immediately prior to application as an IOSA Auditor in the CAB discipline.*

## Discipline-specific Experience – GRH

|  |  |  |  |
| --- | --- | --- | --- |
| Two (2) years or more, of work experience in either requirement below: | | | |
| **Employer** | **Job Title** | **From** | **To** | |
| Manager in Ground Handling Operations | | | | |
|  |  | DD/MM/YY | DD/MM/YY | |
| **Job Description** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Instructor in Ground Handling Operations | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Auditor in Ground Handling Operations having completed at least ten (10) audits | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

## Discipline-specific Experience – CGO

|  |  |  |  |
| --- | --- | --- | --- |
| Two (2) years or more, of work experience in either requirement below: | | | |
| **Employer** | **Job Title** | **From** | **To** | |
| Manager in Cargo Operations | | | | |
|  |  | DD/MM/YY | DD/MM/YY | |
| **Job Description** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Instructor in Ground Cargo Operations | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Auditor in Cargo Operations having completed at least ten (10) audits | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |
|  | | | |

## Discipline-specific Experience – SEC

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Certificates** | | | |
| **Certificate Type** | **Certificate Issuing Authority** | **Issue Date** | **Expiry Date** | |
| **SeMS Training Certificate** |  | DD/MM/YY | DD/MM/YY | |
| **ICAO AvSec PM Certification** |  | DD/MM/YY | DD/MM/YY | |
| **EU/ECAC certified Aviation Security Inspector** |  | DD/MM/YY | DD/MM/YY | |
| **All of the following IATA Trainings:**   * Aviation Security Management (Advanced) * Security Audit and Quality Control * Airport Security Operations Optimization | IATA | DD/MM/YY  DD/MM/YY  DD/MM/YY | DD/MM/YY  DD/MM/YY  DD/MM/YY | |
| **EU CASM Certification** |  | DD/MM/YY | DD/MM/YY | |
| **Training Certificate as per IPM Section 3 Appendix A** |  | DD/MM/YY | DD/MM/YY | |
|  |  | DD/MM/YY | DD/MM/YY | |
|  |  | DD/MM/YY | DD/MM/YY | |
|  |  | DD/MM/YY | DD/MM/YY | |

*Note*: *SeMS Training is always required. Either of the other trainings (ICAO, IATAs, EU/ECAC and Appendix A) shall be provided in addition to SeMS.*

1. **Core Aviation Security Experience**

Two (2) years or more, of work experience required:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title** | **From** | **To** |
| Operational Experience as Manager, Instructor or auditor of aviation security | | | |
|  |  | DD/MM/YY | DD/MM/YY |
| **Job Description** |  | | |

*Note: In addition to the experience requirements presented in table above the candidate shall demonstrate general knowledge of relevant national and/or supranational aviation security regulations.*

## Section 6 – Audit Experience

A minimum of four (4) aviation industry audits within the scope of IOSA (Operations / Quality Management Systems / Safety Management Systems / Regulatory Compliance / Operation Safety)

|  |  |
| --- | --- |
| **Number of Audits conducted as an Auditor:** |  |

|  |  |  |
| --- | --- | --- |
| 1. **Audit** | | |
| Audit Date (From – To) | DD/MM/YY | DD/MM/YY |
| Audit Days on-site |  | |
| Auditee (Organization Name) |  | |
| Audit on behalf of |  | |
| Location |  | |
| Audit Scope |  | |
| Audit Category |  | |
| Audit Standard |  | |
| Function of Applicant in the Audit |  | |
| Involvement in Audit Closure Process | Choose an item. | |

|  |  |  |
| --- | --- | --- |
| 1. **Audit** | | |
| Audit Date (From – To) | DD/MM/YY | DD/MM/YY |
| Audit Days on-site |  | |
| Auditee (Organization Name) |  | |
| Audit on behalf of |  | |
| Location |  | |
| Audit Scope |  | |
| Audit Category |  | |
| Audit Standard |  | |
| Function of Applicant in the Audit |  | |
| Involvement in Audit Closure Process | Choose an item. | |

|  |  |  |
| --- | --- | --- |
| 1. **Audit** | | |
| Audit Date (From – To) | DD/MM/YY | DD/MM/YY |
| Audit Days on-site |  | |
| Auditee (Organization Name) |  | |
| Audit on behalf of |  | |
| Location |  | |
| Audit Scope |  | |
| Audit Category |  | |
| Audit Standard |  | |
| Function of Applicant in the Audit |  | |
| Involvement in Audit Closure Process | Choose an item. | |

|  |  |  |
| --- | --- | --- |
| 1. **Audit** | | |
| Audit Date (From – To) | DD/MM/YY | DD/MM/YY |
| Audit Days on-site |  | |
| Auditee (Organization Name) |  | |
| Audit on behalf of |  | |
| Location |  | |
| Audit Scope |  | |
| Audit Category |  | |
| Audit Standard |  | |
| Function of Applicant in the Audit |  | |
| Involvement in Audit Closure Process | Choose an item. | |

|  |  |  |
| --- | --- | --- |
| 1. **Audit** | | |
| Audit Date (From – To) | DD/MM/YY | DD/MM/YY |
| Audit Days on-site |  | |
| Auditee (Organization Name) |  | |
| Audit on behalf of |  | |
| Location |  | |
| Audit Scope |  | |
| Audit Category |  | |
| Audit Standard |  | |
| Function of Applicant in the Audit |  | |
| Involvement in Audit Closure Process | Choose an item. | |

|  |  |  |
| --- | --- | --- |
| 1. **Audit** | | |
| Audit Date (From – To) | DD/MM/YY | DD/MM/YY |
| Audit Days on-site |  | |
| Auditee (Organization Name) |  | |
| Audit on behalf of |  | |
| Location |  | |
| Audit Scope |  | |
| Audit Category |  | |
| Audit Standard |  | |
| Function of Applicant in the Audit |  | |
| Involvement in Audit Closure Process | Choose an item. | |

## Section 7 – Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I hereby authorize the Audit Organization to disclose to IATA and interested parties, any or all information contained in this curriculum vitae, including a copy thereof, held by the AO.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | DD/MM/YY |