



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

منظمة الطيران
المدني الدولي

国际民用
航空组织

When replying please quote:

Ref.: NT-N1-1 — **E.OSG - NACC110089**

14 December 2023

To: States

Subject: **Aerodrome Certification and Safety Inspection Techniques (ASCIT) Course**
Oklahoma City, United States, 13 to 20 March 2024

Action

Required: **Submit proposed candidates by 12 January 2024**

Dear Sir/Madam,

I wish to invite your Administration to participate in the Aerodrome Certification and Safety Inspection Techniques (ASCIT) Course to be hosted by United States Federal Aviation Administration (FAA) and to be convened at the FAA Academy in Oklahoma City, Oklahoma, United States, from 13 to 20 March 2024.

The course is addressed to international aviation authorities and/or aerodromes that are developing and/or executing inspection programmes. Students are expected to represent a range of backgrounds and levels of expertise in Aerodromes and Ground Aids. While all students will have at least some experience with aerodrome programmes and safety, some may not have a specific background in inspection programmes. Additionally, some students may come from States with no existing defined Civil Aviation Authority (CAA) regulations for aerodrome safety, requiring an introductory lesson on how regulations are derived from ICAO standards.

The working languages of the course will be English; therefore, students are expected to have proficiency in the English language. All students are expected to have access to the most current International Civil Aviation Organization (ICAO) documentation that will be used for the course, since they will need to review this documentation before the course begins. Participants should be able to access this documentation while the course is in session in order to follow along.

Upon completion of this course, learners will be able to:

- Describe the general responsibilities of an aerodrome inspectors.
- Describe oversight of aerodrome compliance with an established regulatory programme.
- Describe the conduct of investigations into reported safety violations, incidents, and accidents.

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- Provide technical safety guidance to aerodrome facilities personnel.
- Describe the implementation of a new inspection programme at an aerodrome where no programme existed previously.
- Prepare for an inspection.
- Conduct an inspection.
- Close out an inspection.

Please note that United States FAA is offering free tuition and travel expenses for participant per eligible ICAO NACC Regional Office Member State (up to fourteen (14) participants). Therefore, I encourage your Administration to propose two (2) participants, preferably the Focal Points of the AGA Task Force of the NACC Working Group, accompanied of their Curriculum Vitae, no later than **12 January 2024**. ICAO will review the proposed candidate requirements and will reply on the acceptance or not of the candidate. We would like to highlight that seat allocation to course will be based on the “first come, first served” criterion.

The travel expenses will be covered as follows:

- **Hotel rate for Oklahoma City is USD110 per night. A list of recommended hotels will be sent to participants.**
- **The maximum daily allowance for meals/incidentals is of USD64.**
- **Car rental expenses are not covered.**
- **Regarding the Airfare, the FAA cannot pay for first or business class tickets. Air tickets can only be provided in economy class.**
- **Each registered participant will need to sign the FAA training letters of agreement.**

The accepted candidates to attend this course representing your State shall then carry out the following steps:

1. Before the trip:

- a) send the following information by **12 January 2024** to Mrs. Leslie Gándara, Assistant nacc-aga@icao.int, using the following subject in your email: **FAA-Aerodrome Certification and Safety Inspection Techniques Course**
 - Full name of Traveller, position, full address, phone number (official and mobile) and e-mail address (official and alternate)
 - Scanned copy of the following documentation:
 - i. current/valid passport of the traveller
 - ii. Health Statement Form, included in the **Appendix A** to this letter
 - iii. Banking Instructions Form, included in the **Appendix B** to this letter (please make sure that the banking information is accurate, in case the funds are returned by the destination bank, the bank charges will be discounted from the traveller’s DSA)

with this information, ICAO will be processing the purchase of the air ticket and will coordinate with the traveller the itinerary with you before the mission.

2. After the trip:

- a) each participant must send scanned copies of the following documentation to Mrs. Leslie Gándara, Assistant at nacc-aga@icao.int:
 - i. boarding passes;
 - ii. baggage fee receipts (if applicable); and
 - iii. transportation receipts for the taxis used during the mission for the following transportation segments: home-airport, airport-hotel, hotel-airport and airport-home.

- b) With this documentation, an ICAO Travel Expense Claim will be prepared for reimbursement using either one of the following payment methods:
 - i. for States that have a UNDP Office in the Country of Origin, payment will be processed for collection in said office. The process will take approximately 15-20 working days after the submission of the Travel Expense Claim
 - ii. for States that have no UNDP Office in the Country of Origin, payment will be processed by the ICAO NACC Regional Office Administrative Officer, who will make a bank transfer using the information provided in the Banking Instructions Form. This process will take approximately 15-20 working days after the submission of the Travel Expense Claim.

If you require any further information regarding the event, please contact Mrs. Fabiana Todesco, Regional Officer, Aerodromes and Ground Aids (AGA) or her Assistant Mrs. Leslie Gándara (nacc-aga@icao.int).

Accept, Sir/Madam, the assurances of my highest consideration.



Christopher Barks
Regional Director
North American, Central American and
Caribbean (NACC) Regional Office

Enclosure: *As indicated*

ANNEX VIII



HEALTH STATEMENT FOR INDIVIDUAL CONSULTANTS/CONTRACTORS

First Name _____ Last Name _____

Duty Station(s) _____

Indicate travel destination

I hereby certify that:

- a) I am in good health. _____
- b) I am fit to carry out the duties of the assignment being offered. _____
- c) If applicable, I am fit for travel within the country of normal residence. _____
- d) If applicable, I am fit for travel outside the country of normal residence. _____
- e) I am free from any communicable disease. _____
- f) If applicable, I have been informed of the inoculations required for the country(ies) to which I have to travel on behalf of ICAO. _____
- g) I have valid medical/health insurance coverage. _____

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

Signature of individual consultant/contractor

Date



INTERNATIONAL CIVIL AVIATION ORGANIZATION
HUMAN RESOURCES BRANCH

BANKING INSTRUCTIONS FORM

PAYMENTS CANNOT BE MADE UNTIL YOUR BANKING INSTRUCTIONS HAVE BEEN PROVIDED TO HUMAN RESOURCES BRANCH AT ICAO HEADQUARTERS.

Name: _____ Staff No. _____
Home address: _____
Home address 2: _____
E-mail address: _____
Home country: _____ Country of service (Duty station): _____

To: Chief, Human Resources Branch

I hereby request that payment of salary and entitlements due to me be made to the following financial institution:

Note: The below banking instructions will be used for all future payments unless we are notified otherwise.

Please provide **full bank address**.

PLEASE ATTACH VOID CHEQUE OR BANK STATEMENT.

*** ALL PAYMENTS IN CANADA AND THE USA ARE DONE BY DIRECT DEPOSIT *
** PAYMENTS OUTSIDE NORTH AMERICA ARE SENT BY ELECTRONIC FUNDS TRANSFER ****

Full name of bank: _____
Street address: _____
City: _____
State/Province: _____ Country: _____
Postal/Zip code: _____
Account number /
currency (in USA): _____ ABA or Swift routing number
(for accounts in North America): _____
Account number /
currency (in CAN): _____ Bank code: _____ Transfer code: _____
Swift Code or IBAN (**for accounts outside North America**): _____
Currency of bank
account if outside
North America : _____ **Please Specify** _____

(Signature of staff member) _____ Date

FOR OFFICE USE ONLY

Type of Contract: Professional Staff HQ
Professional Staff RO
GS Staff HQ
SSA
Short-Term
Human Resources Officer _____ Date _____