Click here to enter text.

*(Enter full name)*

Click here to enter text.

*(Enter full name, employer, and address of employer as identified on example)*

Click here to enter text.

Click here to enter text.

I declare not to be personally or financially committed with any outside organization involved or having an interest in the aviation, space and defense Industry Controlled Other Party (ICOP) scheme. In case(s) of a contract or association with an organization [e.g., National Accreditation Body (NAB), Certification Body (CB), Training Provider (TP)], I shall openly declare my affiliations. This listing identifies all applicable organizations that I am currently affiliated with, including identification of the tasks/activities that I am responsible for.

|  |  |  |
| --- | --- | --- |
| Organization Name: | Country: | Tasks / Activities: |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Furthermore, I recognize that potential conflicts of interest may arise as a direct result of my employment. I therefore provide visibility of the following information:

CB responsible for employer’s Quality Management System (QMS) or Aerospace Quality Management System (AQMS) certification: Click here to enter text.

Authenticated AEA or AA:\_\_\_\_\_\_\_\_\_\_\_\_ Auditor Authentication Body (AAB): Click here to enter text.

*(Enter Yes / No) (Enter full name, if applicable)*

I understand the declared information is to be used by the Sector Management Structure (SMS) and the OPMT to manage and avoid, where possible, any conflict of interests described in 9104/2.

I agree that I will carry out my responsibilities within the International Aerospace Quality Group (IAQG) Other Party Management Team (OPMT) and/or any of its associated working groups to the best of my ability and in accordance with the requirements of the 9104-series and IAQG OPMT procedures.

In addition, I agree that any information associated to the IAQG OPMT and/or oversight activities acquired during my support of these efforts shall be kept confidential and not copied, distributed, or published to anyone that is not a member of the IAQG OPMT or a regulatory agency, unless written permission from the organization [e.g., Accreditation Body (AB), AAB, CB, Certification Body Management Committee (CBMC), TP, Training Provider Approval Body (TPAB), sector SMS] is obtained.

The above agreement shall not apply, if the information is either published or otherwise legitimately made available in the public domain, or lawfully obtained from a party free to divulge it.

Signature: Click here to enter text. Date: Click here to enter a date.

Job Title: Click here to enter text.

Other Party (OP) Assessor’s Company Representative\* or SMS Oversight Chair\*\*:

I declare, to the best of my knowledge, the above assessor conforms to the qualification requirements outlined in 9104/2 and that qualification records are maintained.

Signature: Click here to enter text. Name: Click here to enter text.

Job Title: Click here to enter text. Date: Click here to enter a date.

This declaration form shall be submitted to the respective SMS Oversight Chair for approval.

\* NOTE: Company representative shall not be the OP Assessor listed on this form.

\*\* NOTE: SMS Oversight Chair approval and signature required for all OP Assessors linked to trade association membership

[i.e., National Aerospace Industry Associations (NAIA)].