



AF-FR-9200-016

Scope and Assessment Application

Space / Aviation / Defense

FIRST EDITION

AF 9200 SUPPORTING DOCUMENT

Document identity and use

Field	Declared position
Code	AF-FR-9200-016
Title	Scope and Assessment Application
Family	Forms
Organization	Aerospace Federation
Edition	FIRST EDITION
Relationship	Supporting material for AF 9200 - Aerospace Safety & Operational Assurance
Status	Prepared for publisher review; approval and effective dates not assigned
Language	English master text

Use and precedence

The AF 9200 standard contains the proposed requirements. This supporting document supplies guidance, model controls or records within its stated purpose. Complete the local scope, parameters, roles and authority before operational use. A completed template does not establish conformity or permission.

Applicable legal and competent-authority obligations remain independently binding. No AF recognition, accreditation, statutory approval or operational authorization is created by this document. Codes in this set are proposed identifiers for the newly prepared supporting collection.

Record completion

Where fillable fields are provided, use a PDF reader that supports interactive forms. Blank fields remain unresolved. Attach controlled evidence by identifier where space is insufficient. Typed names are not certificate-based digital signatures. Preserve the completed record and its history under the local retention rules.

Implementation control	Allocation
Responsible function	Applicant and receiving assessment body
Primary AF 9200 anchors	1-4, 28; Annexes A-B, P-R
Catalogue	AF-ML-9200-001; coverage: AF-CM-9200-001

Contents - clauses and annexes

Entries are clickable. PDF bookmarks also locate subclauses and technical examples. Page numbers refer to this file.

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1 Application purpose and instructions

This form defines a request for a scoped assessment against the AF 9200 proposed requirement set. Submission does not establish acceptance, conformity, accreditation, recognition or operational permission. The receiving body and its authority must be identified explicitly; this form does not imply that a particular AF assessment programme is already open.

Complete the actual object and responsibility. Do not supply unnecessary personal or sensitive operational information. Restricted evidence should be identified with an authorized review route. Use controlled attachments for extensive material. Typed names are not certificate-based digital signatures.

2 Applicant and authorized contact

Legal entity and address

Registration / organizational identity reference

Authorized representative and role

Professional contact details

Authority-to-apply evidence

Requested receiving assessment body and its authority

3 Requested scope

Object type: organization / product / operation / service / process / change

Activities, sites, phases and configurations

Technical domains and operating envelope

Outsourced work, essential interfaces and retained duties

Exclusions and justification

Requested conclusion and intended use

4 Criteria and readiness

Standard identifier, edition and present status understood

Completed AF-TP-9200-001 profile and applicability references

Safety case, hazard and barrier register references

Operational evidence period and representative cases

Internal review, open findings and restrictions

Required external permissions and their actual status

5 Evidence access and independence

Evidence inventory and locations

Restricted information and authorized review arrangements

Sites, shifts, suppliers and remote-access constraints

Proposed timing and personnel availability

Known conflicts of interest or prior evaluator involvement

Notification contact for urgent safety findings

6 Applicant declarations

Declaration of accuracy and authority to submit

Acknowledgment that submission is not approval or permission

Known material limitations, adverse results and unresolved issues disclosed

Agreement to notify material changes affecting this application

Authorized name, role, signature process reference and date

7 Receiving-body review

Application ID, received date and reviewer

Scope feasibility, criteria and assessment authority verified

Team competence, independence and access feasibility

Missing information and preconditions

ACCEPT FOR PLANNING / REQUEST INFORMATION / DECLINE, with reasons

Reviewer, authority, date and next communication