



DETAILS OF KEY MANAGEMENT PERSONNEL

(To be completed in BLOCK CAPITALS)

1. NAME OF ORGANISATION:

2. (a) AIR OPERATOR'S CERTIFICATE APPROVAL NO. (if applicable):

(b) MAINTENANCE ORGANISATION APPROVAL NO. (if applicable):

3. NAME:

4. LICENCE NO. AND TYPE (IF ANY):

5. POSITION :

6. ACADEMIC QUALIFICATIONS RELEVANT TO THE ITEM (5) POSITION:

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7. WORK EXPERIENCE RELEVANT TO THE ITEM (5) POSITION (A copy of up-to-date CV, CPR and employment contract to be submitted with this form):

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8. NAME OF PREVIOUS POST HOLDER (IF ANY):

9. ACCOUNTABLE MANAGER

NAME: TITLE:

SIGNATURE: DATE: STAMP

On completion, please send this form under confidential cover to:

Director of Aeronautical Licensing
Aeronautical Licensing Directorate
Civil Aviation Affairs
P. O. Box 586, Kingdom of Bahrain

For CAA use only

REMARKS/COMMENTS:

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Name and signature of authorised CAA staff member accepting/rejecting this nomination

SIGNATURE: DATE:

NAME: STAMP: