



### 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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.....

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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: .....