

BIOGRAPHICAL DETAILS OF SENIOR STAFF NOMINATED BY AN ORGANIZATION IN RESPECT OF APPROVAL

This form must be completed by any Senior Person nominee for any type of organisation Certificate, and forwarded to the Authority, except when the relevant CAA application already contains the questionnaire and declaration.

1. Nominated Person Details

(a) Name of nominated person:			
	Surname	First Name(s)	
(b) Nationality:			
(c) Job Position:			
(c) Date of Birth: ___/___/___	Place of birth:	Sex: F () M ()	
Telephone (office) :		Fax (office):	
Mobile:		Email:	
A curriculum vitae detailing education, training, qualifications and relevant positions held during the past ten years must be attached to this form.			

2. Organisation Details

(a) Name of organization:			
(b) Aerodrome Certificate No:			
(c) Aerodrome Address: <i>Civil Aviation Act, requires applicants to provide an address for service (i.e. a physical address) and to notify the Director of any changes:</i>			
Telephone (office) :		Fax (office):	
Mobile:		Email:	
	<i>(order number/contact person or other reference)</i>		
(d) Civil Aviation Rule Part under which application was made:			
(e) Designation of position for person named in Section 1:			
(f) Responsibilities the person named in Section 1 will assume as defined in the Rule Part:			

3. Questionnaire (To be completed by the nominated person)

THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO THE CIVIL AVIATION ACT, WHICH PROVIDE FOR A FIT AND PROPER PERSON TEST TO BE SATISFIED	
(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If answering "Yes", please give details	

(b)	Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c)	Have you been convicted on any criminal charge or are you presently facing charges for any criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d)	Have you any history of physical or mental health or serious behavioural problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If answering "Yes" to question b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, President , Civil Aviation Authority". Include name, client number (if known), organisation name and certificate applied for.

4. Nominated Person Declaration

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is correct and that the enclosed copies of my personal documents are authentic and that the information shown on the m is true and correct.

I hereby authorise the Civil Aviation Authority (CAA) to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAA to any person who required such information to carry out any function as lawfully directed by the CAA.

Signature of nominated person:..... Date:.....

CAA Use Only: (Remarks and/or recommendations of reviewer)

Meets Fit and Proper Person Criteria Yes No

Accepted for the position of

Name:..... Signature:..... Date:.....