



SECTION:	GENERAL TECHNICAL FORMS	GTF-NPA-001
TITLE:	APPLICATION FOR NOMINATED PERSONNEL ACCEPTED BY THE CAMA	

1. Details of Management Personnel required to be accepted as specified in Part:

YCAR IV YCAROPS 1/3 YCAR V-145 AMO YCAR II - MTO YCAR II -ATO
 YCAR IV-Special Operations Other:

2. Name (Please print in capitals only)

First:		Middle:		Surname:	
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3. Post holder (PH) Position:

<input type="checkbox"/> Accountable Manager	<input type="checkbox"/> PH Ground Operations	<input type="checkbox"/> Chief Synthetic Flight Instructor
<input type="checkbox"/> PH QA (Maintenance)	<input type="checkbox"/> PH Engineering Manger	<input type="checkbox"/> Chief Theoretical Knowledge Instructor
<input type="checkbox"/> PH QA (Operations)	<input type="checkbox"/> PH QA (MTO)	<input type="checkbox"/> Cabin Crew Point of Contact
<input type="checkbox"/> PH Quality Assurance	<input type="checkbox"/> PH Training (MTO)	<input type="checkbox"/> Nominated Commander
<input type="checkbox"/> Compliance Monitoring Mgr.	<input type="checkbox"/> PH Examination (MTO)	<input type="checkbox"/> Flight Test Pilot
<input type="checkbox"/> PH Safety/SMS	<input type="checkbox"/> Head of Training (ATO)	<input type="checkbox"/> SPIC
<input type="checkbox"/> PH Flight operations	<input type="checkbox"/> Chief Flight Instructor	<input type="checkbox"/> Manager Production
<input type="checkbox"/> PH Crew Training	<input type="checkbox"/> Other	

4. Qualifications relevant to the item (3) position:

Brief Qualification: Last 10yrs relevant to the position applied

5. Work experience relevant to the item (3) position:

Details of employment & positions: Last 10yrs relevant to the position

6. Organization:

Organisation Name

7. Approval Number relevant to the item (1):

8. Applicant's Signature:	Date: dd/mmm/yyyy
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9. Attachments:

Nomination Letter
 Employment contract
 ID or Passport Copy
 Curriculum Vitae
 Relevant Certificates

APPLICANT DECLARATION STATEMENT

I hereby, declare that my qualification and experience meet all CAMA requirements. I also confirm that I have **NOT** been previously suspended by **ANY** Civil Aviation Authority.

If you have been previously suspended please provide details:

Date:	dd/mm/yyyy
Applicant Name:	First Name Middle Name Family name
Organization:	
Approval Ref#:	Ex: AOC, ANA, ANS, AMO, ATO
Signature:	dd/mm/yyyy

CAMA USE ONLY

Accepted/Rejected by:

ADCASA
 DFO
 DOL
 FOI
 AWI
 AWE
 CSI
 ACLI
 ELI

(PH Quality to be accepted by FOI or ACI and AWI or ELI)

Note: In case of candidate requiring to extend beyond the 3 months, approval needs to be issued by ADCASA.

Signature:	Date: dd/mmm/yyyy
Name:	Inspector Number: