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|  | **Form: AC-AWS006-2** |

Biographical Data

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| **MANAGEMENT PERSONNEL BIOGRAPHICAL DATA**  (To be completed by the Nominee) | | | |
| 1. Company name: | 1. Company address: | | |
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|  |  | | |
|  |  | | |
| 3. Name of nominee: | 4. Position: | | |
| 5. Status:  Permanent Contracted - Full Time  Contracted - Part Time | | | |
| 6. Qualifications relevant to item (4) position: | | Date From | Date to |
| (a) | |  | Present |
| (b) | |  |  |
| (c) | |  |  |
| (d) | |  |  |
| (e) | |  |  |
| (f) | |  |  |
| (g) | |  |  |
| (h) | |  |  |
| 7. Work experience relevant to item (4) position: | | Date From | Date to |
| (a) | |  | Present |
| (b) | |  |  |
| (c) | |  |  |
| 8. I,………………………………………………………… hereby confirm that  (Print Name)  (1) I have not  (a) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor  (b) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority  (2) The information provided on this form is true and correct to the best of my knowledge.  Signature:………………………….. Date:…………………………………… | | | |
| 9. **For CAA Official Use Only** | | | |
| Received by:  Signature:………………………...................................... Date:…………………………………………………  Name: ……………………………………………………… Position: ……………………………………………. | | | |
| Attach copies of certificates/proof of experience to this form in support of information supplied. | | | |
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