



Private Bag 12003 Windhoek Namibia | (Tel) +264 61 702 212 | Web: <http://www.dca.com.na>

Management Personnel Biographical Data

**Instructions: To Be Completed By the Posit Holders and Confirmed By Accountable Manager
(or complete FSS-AIR-FORM003K)**

Biographical Data		
1. Company name:	2. Company address:	
3. Name of Nominee:	4. Position:	
5. Address of Nominee:		
6. Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contracted – Full Time <input type="checkbox"/> contracted part Time		
7. Qualifications relevant to Item (4) position (Tick here <input type="checkbox"/> if information is continued on reverse side of this form)	Date From	Date: To present
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		
8. Work experience relevant to item (4) position:	Date From	Date to Present
1.		
2.		
3.		
4.		
5.		
6.		

9. I.....here-by confirm that
(PRINT NAME IN FULL)

- a. I have not held a certificate or aviation document issued by the Authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor contributed materially to the revocation or suspension of an aviation document issued by a Namibia Civil Aviation Authority.
- b. The information provided on this form is true and correct to the best of my knowledge.

.....
SIGNATURE

.....
DATE

10. Confirm By Accountable Manager

.....
Name:

.....
SIGNATURE & STAMP

.....
DATE

For official use only

NOTE: Describe what action you would Recommend as a result of the document's evaluation.
Will you accept and approve ? Reject and Contact the applicant and discuss ? Or
Other ?

.....
ASI NO.

.....
SIGNATURE

.....
DATE

Airworthiness chief's Remarks:

The above requirements have been evaluated against the operator submissions and is hereby **approved / not approved** and **recommended / not recommended** to be issued the appropriate Authorization / Ops-Spec.

Signature / Date: