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NAME OF OPERATOR: ..... DATE PREPARED: .....

NO.	NAME	QUALIFICATION (TYPE OF LICENCE, A/C RATING, ETC)	AUTHORISATION S & EXPIRY DATES	EXPERIENCE (TYPE & YEARS ETC)	DATE OF 1 <sup>ST</sup> ISSUE OF LICENCE	EXPIRY DATE	REMARKS

### CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

NAME: ..... TITLE: ..... SIGNATURE: ..... DATE:  
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