



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

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. Work experience relevant to item (4) position:	Date From	Date to Present
1.		

2.		
3.		
4.		
5.		
6.		

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- a. I have not held a certificate or aviation document issued by the authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor contributed materially to the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

.....
SIGNATURE

.....
DATE

9. 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?** **Approve,** **Reject?** Contact the applicant and **discuss?** **Other?**

.....
ASI Name / Stamp #.

.....
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 / Opspecs.

.....
Name.

.....
SIGNATURE

.....
DATE