

DETAILS OF MANAGEMENT PERSONNEL REQUIRED TO BE ACCEPTED AS SPECIFIED IN PART - .....

1. NAME :

2. POSITION :

3. QUALIFICATIONS RELEVANT TO THE ITEM (2) POSITION:

4. WORK EXPERIENCE RELEVANT TO THE ITEM (2) POSITION:

Signature:..... Date:.....

..

On completion, please send this form under confidential cover to the Department of Civil Aviation, 27 Pindarou street,  
1429 Nicosia

DCA use only

Name and signature of authorised DCA staff member accepting this person:

Signature:

Date:

Name:

Office: SRU – AIRWORTHINESS