**REPUBLIC OF ALBANIA**

**CIVIL AVIATION AUTHORITY**

|  |
| --- |
| **Details of Management Personnel required to be accepted as specified in Part:** …………………….   1. Name: …………………………………… 2. Position: ………………………………… 3. Qualifications relevant to the item (2) position: …………………………………………………….   ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..   1. Work experience relevant to the item (2) position: …………………………………………………   ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  Signature: ………………………………………. Date: ………………………….………………..  On completion, please send this form under confidential cover to ACAA. |
| ACAA use only  Name and signature of authorized competent authority staff member accepting this person:  Signature: ………………………………………. Date: ………………………….………………..  Name: ………………………………………….. Office: …………………………………………. |