**REPUBLIC OF ALBANIA**

**CIVIL AVIATION AUTHORITY**

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| **Details of Management Personnel required to be accepted as specified in Part:** …………………….1. Name: ……………………………………
2. Position: …………………………………
3. Qualifications relevant to the item (2) position: …………………………………………………….

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| ACAA use onlyName and signature of authorized competent authority staff member accepting this person:Signature: ………………………………………. Date: ………………………….………………..Name: ………………………………………….. Office: …………………………………………. |