**MANAGEMENT PERSONNEL – AIR OPERATOR CERTIFICATION**

(**ACAA Form 4** - Regulation (EU) No. 965/2012)

1. **Details of Management Personnel required to be demonstrated as suitable, in accordance with AMC1 ARO.GEN.310(a) (d) and AMC1 ARO.GEN.330 (a):**

Please tick appropriate box:

**Accountable Manager [ORO.GEN.210 (a)] Flight Operations [ORO.AOC.135(a)(1)] Crew Training [ORO.AOC.135(a)(2)] Ground Operations [ORO.AOC.135(a)(3)]**

**Compliance Monitoring Manager [AMC1 ORO.GEN.200(a)(6) (c)(1)] Safety Manager [AMC1 ORO.GEN.200(a)(1) ;(2) ;(3) ;(5) (c)]**

**[AMC1 ORO.GEN.200(a)(1)]**

**1.** Operator Name: …………………………………………………………………………….……

**2.** AOC Number: ………………………………………………………………………………….…

**3.** Name: ………….……………………………………………………………………………….…

**4.** Position: ……………………………………………………………………………………………

**5.** Employment/Contracted Status: …………………………………………………………………

**2. Qualifications relevant to Position(s):**

**3. Work Experience relevant to Position(s):**

**4. Return Address:**

On completion, please send this form under confidential cover to the appropriate CAA Flight Operations Manager or assigned Flight Operations Inspector.

**5. Declaration:**

I declare that to the best of my knowledge the particulars entered on this form are accurate.

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

**CAA use only**

Name and signature of authorized CAA staff member accepting this nomination:

Signature: ………………………………………….…. Date: …………………………………......... Name: ……………………………………………. Office: ……………………….…………

***Once accepted, a copy of the completed ACAA Form 4 must be returned to the nominee.***