

FORM

Form: CAA ATO 003A

August 2019

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA					
1. Company name:	by the Nominee) 2. Company address	•			
T. Company nume.	2. Company address	•			
3. Name of nominee:	4. Position:				
5. Address of Nominee:					
6. Status: Permanent Contracted - Full Time Contracted - Part Time					
			T		
7. Qualifications relevant to item (4) position (Tick	here if	Date From	Date to		
information is continued on page 3 of this form)					
(1)			Present		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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(1) Present (2)	8. Work experience relevant to item (4) position:	Date From	Date to		
(3) (4) (5) (6) (7) (8) Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I, hereby confirm that (Print Name in full) (a) I have not i. held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor ii. 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: 10. For Authority Official Use Only Received by: Name: Position:	(1)		Present		
(4) (5) (6) (7) (8) Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I,	(2)				
(5) (6) (7) (8) Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I,	(3)				
(6) (7) (8) Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I,	(4)				
Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I,	(5)				
Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I,	(6)				
Attach copies of certificates/proof of experience to this form in support of information supplied. 9. I,	(7)				
9. I,	(8)				
(Print Name in full) (a) I have not i. held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor ii. 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: 10. For Authority Official Use Only Received by: Name: Position:	Attach copies of certificates/proof of experience to this form in support of in	formation suppli	ied.		
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Signature: Date:					
10. For Authority Official Use Only Received by: Name: Position:	(b) The information provided on this form is true and correct to the best of my knowledge.				
Received by: Name: Position:					
Name: Position:	10. For Authority Official Use Only				
	Received by:				
Signature: Date:	Name: Position:				
	Signature: Date:	<u></u>			