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| **Organisation / Operator is required to forward this form duly completed and signed to:**  **Director General Civil Aviation Regulations (DGCAR)**  **Flight Safety Department,**  **Civil Aviation Authority (CAA) Oman,**  **Muscat, P.O. Box: 1, Code 111,**  **Sultanate of Oman** |

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| **Details of Management Personnel required to be approved/accepted as specified:**  *(Please select X in the boxes provided)* | | | | | |
| **A 1. Application for the Position of Nominated Post Holders - CAR OPS 1.175 (i),(j),(t)** | | | | | |
| Accountable Manager | | Flight Operations | | The Maintenance System | |
| Crew Training | | Ground Operations | | Aviation Security | |
| Quality Assurance | | Safety Management System | | Other Specify: | |
| **A 2. Application for Management Personnel required to be approved/accepted as specified in:** | | | | | |
| CAR M Part 0 - 0.3 | | CAR 145.A.30 | | CAR 21 Article 5 | |
| Position Title: |  | Position Title: |  | Position Title: |  |
| CAR 147.A.105(b) | |  | |  | |
| Position Title: |  |  | |  | |
| **A 3. Application for Other Nominated Personnel / Focal Point of Contact required to be approved or accepted:** | | | | | |
| Dangerous Goods | | SEP Manager (Training) | | Other Specify: | |
| **Attach the followings:**  Nomination Letter  Passport Copy  Curriculum Vitae (CV)\*  Relevant Certificates | | | | | |
| *Note:*  *1. For* ***Accountable Manager*** *position* ***The Chairman*** *shall sign this application form (Item F)*  *2. Unless under exceptional circumstances a period of processing will be completed within a period of 10 working days*  *\* CV shall be Self Attested by the Candidate* | | | | | |

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| **B. Organization/Operator Details** | | | |
| Organisation Name: |  | Date of Application: dd/mm/yyyy |  |
| Certificate / Authorization No:  E.g. AOC/AOP, AMO, CAMO |  |
| Address: |  | Contact No: |  |
| Email: |  | Webpage Address: |  |

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| **C. Candidate Details** | | | | |
| Full Name: | First: | Middle: | | Surname: |
| Position within Organisation: |  | | | |
| Document/Passport/ID No: | Passport: | | ID: | |
| Date of Birth: dd/mm/yyyy |  | | | |
| Nationality: |  | | | |
| Address: |  | | | |
| Phone: |  | | | |
| E-mail: |  | | | |

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| **D. Employment History (Record Date in Sequence)**  *Brief description of Work Experience relevant to the position applied*  *Note: 1. Details of employment & positions: Last 10yrs relevant to the position*  *2. Add Separate Sheet if Necessary* | |
| Organization’s/Operator’s Name: | Date: dd/mm/yyyy |
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| **E. Brief Description of Qualifications relevant to the position applied:**  *Brief Qualification: Last 10yrs relevant to the position applied*  *Note: Add Separate Sheet if Necessary* | |
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| **F. Declaration** | | | |
| **I hereby certify Nominated Post Holder’s/ Nominated Personnel has met the experience and requirements set by The Civil Aviation Authority (CAA) Sultanate of Oman applicable Civil Aviation Regulations (CARs)**  *Note: For* ***Accountable Manager*** *position* ***The Chairman*** *shall sign this application form* | | | |
| **Name of Chairman / Accountable Manager:** | **Signature:** | **Date: dd/mm/yyyy** | **Organization / Operator Official Stamp** |
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| **FOR CAA USE ONLY**  **CAA Authorised staff Accepting / Approving /Rejecting this person assigned for position:**  **Name: Position/Title:** | |
| **☐ Approved ☐ Accepted ☐ Rejected (reason/s)**  **Remarks:** | |
| **Designation:** | **CAA Stamp** |
| **Name:** |
| **Signature:** |
| **Date:** |

***Note: The applicant shall reserve this form (AWR OPS 032 / Form 4) signed and stamped by CAA.***