|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name:  |  | | --- | |  | | | |
|  | | Address of Organization: |
|  | | CAAF Approval Ref: |
| 1. Position: | | |
|  | Full name of previous incumbent of this post: | |
| 1. Full name of person nominated:  |  | | --- | |  | | | |
| Date of Birth: Click or tap to enter a date. | | |
| 1. General Education and Technical Qualifications including apprenticeship, if any. (Give approximate dates and specially identify any training relevant to the position for which Approval is sought).  |  | | --- | |  | | | |
| 1. Full details of employment with positions held during the past ten years (in date sequence), and specifically identify any experience relevant to the position for which Approval is sought. (Please use a continuation sheet if appropriate.)  |  | | --- | |  | | | |
| 1. Declaration of Undertaking      * 1. I,      an employee of       and nominated for the position of       having understood my assigned accountabilities and responsibilities, am prepared to uphold them.      * 1. I am fully aware that any failure on my part on the area of responsibility so assigned to me ensure:  1. Compliance to the applicable standards published by the Authority; and 2. Conformance to the procedures promulgated by my employer; may result in the withdrawal of the Authority’s approval of my appointment to the position.      1. I understand that each nominated post holder is accountable for the responsibilities/functions so prescribed for the said position and that accountability entails competency on the part of the post holder in his/her performance. | | |
| Signature: Date: Click or tap to enter a date.    ***On completion, please send this form under confidential cover to the CAAF*** | | |
| FOR CAAF USE ONLY: (Remarks and/or recommendations of Airworthiness Officer)    |  | | --- | | Yes | | No | | Not required |   Applicant Interview: | | |
| Accepted for the position of:       and Signatory for: SD – Airworthiness of Aircraft - Chapter 3-4 Paragraph 4-3 & 4.3.1 *(cross this part out if not applicable)*    Signature:  Date: Click or tap to enter a date.  ***Once authorized, a copy of this form must be returned to the nominee.*** | | |