

Name of Nominee:

CAAF Licence Type and No. (if held):

Nomination for the Position of:

Fit & Proper Questionnaire submitted on:

| | Requirements <i>(Applicant to be assessed on various requirements for the position).</i> | Sat (S)/ Imp Rqd (IR) N/A | Remarks |
|----|--|----------------------------------|----------------|
| 1 | Managerial Experience? | | |
| 2 | Courses / Training? | | |
| 3 | Discuss aviation experience: refer Resume | | |
| 4 | Scope of previous employment? | | |
| 5 | Knowledge of internal structure of the company? | | |
| 6 | Describe your responsibilities? | | |
| 7 | Delegation and Responsibilities? | | |
| 8 | Extent of authority for delegation? | | |
| 9 | Knowledge on ANR and SD's: | | |
| 10 | Explain relevant knowledge? | | |
| 11 | What systems to monitor crew proficiency? | | |
| 12 | What factors will determine your decision? | | |
| 13 | Time for Role? (flying vs administration and staff oversight.) | | |
| 14 | Medical or health issues? | | |
| 15 | Knowledge of SMS systems? What do you see as your role in this? | | |
| 16 | Quality Management systems. How do you see your participation in this? | | |
| 17 | Staff resourcing: Your role in this? | | |
| 18 | Aircraft resourcing: What considerations are considered? | | |
| 19 | Financial resourcing? (Given you do not sign cheques) | | |
| 20 | And, to whom you discuss with? | | |
| 21 | CAAF Audits: What areas are your responsibilities? | | |

| | | | |
|----|----------------------------|--|--|
| 22 | In preparation? | | |
| 23 | in Oversight ? | | |
| 24 | Attitude toward Regulator? | | |

CAAF Assessment team comments:

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| | Signature | Date |
|---|-----------|------|
| SFOI (I) / (D) (<i>if applicable</i>) | | |
| SAO SIG (<i>if applicable</i>) | | |
| FOI SIG (<i>if applicable</i>) | | |
| CAS SIG (<i>if applicable</i>) | | |
| CASF SIG (<i>if applicable</i>) | | |
| CGS SIG (<i>if applicable</i>) | | |
| GSD REP (<i>if applicable</i>) | | |