



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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MANAGEMENT PERSONNEL NOMINATION FOR AOC

A vertical line in the margin indicates an amendment to the previous version.

An individual form should be completed for each position.

1. OPERATOR DETAILS

Name:

2. KEY MANAGEMENT POSITION

Title	Name	Contact Details
<input type="checkbox"/> Accountable Manager** <input type="checkbox"/> Flight Operations Manager <input type="checkbox"/> Crew Training Postholder <input type="checkbox"/> Ground Operations Postholder <input type="checkbox"/> Continuing Airworthiness Postholder <input type="checkbox"/> Quality Manager** <input type="checkbox"/> Safety Manager		<p>Tel:</p> <p>Email:</p>

**** Note:** These key management appointments will be sent all correspondence from the CAA involving compliance.

3. QUALIFICATIONS RELEVANT TO POSITION(S) IN BOX 2 (Attach CV)

4. WORK EXPERIENCE RELEVANT TO POSITION(S) IN BOX 2

5. DECLARATION

I hereby nominate this person as competent to undertake the tasks and responsibilities and declare that the information given in this application, to the best of my knowledge, is true.

Date:	Name of Accountable Manager:	Signature:
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6. FOR CAA USE ONLY

Recommended:	Date:	Name of Inspector:	Signature:
Approved:	Date:	Name:	Signature: