



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

TEL: +378 (0549) 882929 | FAX: +378 (0549) 882928 | EMAIL: operations@caa-mna.sm

MANAGEMENT PERSONNEL NOMINATION FOR CAR 145

An individual form should be completed for each position.

1. MAINTENANCE ORGANISATION DETAILS			
Organisation Name:			
CAR 145 Approval No.:		Telephone:	
2. KEY MANAGEMENT POSITION Ref CAR 145.105, Appendix to CAR 145.25 and Associated AMCs			
Title	Name	Contact Email	
<p>Please tick appropriate box:</p> <p><input type="checkbox"/> Quality Manager</p> <p><input type="checkbox"/> Planning Manager</p> <p><input type="checkbox"/> Procurement Manager</p> <p><input type="checkbox"/> Production Manager</p> <p><input type="checkbox"/> Safety Manager</p> <p><input type="checkbox"/> Independent auditor (if applicable)</p> <p><input type="checkbox"/> Other</p>			
3. QUALIFICATIONS RELEVANT TO PROPOSED POSITION (Enclose certificates, licences etc)			
4. WORK EXPERIENCE RELEVANT TO PROPOSED 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:
6. FOR CAA USE ONLY			
Recommended:	Date:	Name of Inspector:	Signature:
Approved:	Date:	Name:	Signature