**1. Details of Management Personnel required to be accepted as specified in :**

**Part-145  Part-CAMO  Part-CAO  Part-21G  Part-147**

**2. Title / First Name / Surname:**

Click or tap here to enter text.

**3. Position within the Organisation:**

Click or tap here to enter text.

**4. Qualifications relevant to the item (3) position:**

Click or tap here to enter text.

**5. Work experience relevant to the item (3) position**

Click or tap here to enter text.

**6. Organisation Approval Reference(s):** Click or tap here to enter text.

**7. Signature of the Proposed Form-4 holder:**

(in MS word, right click on field, select “Sign”. Alternatively, convert to pdf after completion. Handwritten signatures are also accepted)



**8. Date:** Click or tap here to enter text.

**Competent Authority use only:**

**Name and signature of authorised competent authority staff member accepting this person:**

Signature: Date: see Signature



Name: See signature Office BCAA/T-CAD

For conditions which apply, see the e-mail accompanying this document.