The operator shall nominate following person responsible for the management and supervision.

|  |  |
| --- | --- |
| **Operator's name :** |  |
| **Nominated person’s name :** |  |
| **Position :** |  |
| **Qualifications relevant to the position\* :** |  |
| **Work experience relevant to the position\* :** |  |

\* Qualification and work experience shall be sufficiently detailed in order to demonstrate the requirements as per ORO.AOC135 (including AMC & GM). If it is necessary, join annex.

|  |  |
| --- | --- |
| Accountable Manager | Nominated person |
| Name:  Signature:  Date: | Name:  Signature:  Date: |

After completion, please send this form under confidential cover to the Head of Operations Directorate or your principal Operator Inspector.