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| **1. Details of Management Personnel required to be accepted as specified in :** |
| Please tick appropriate box CV-CAR 6  CV-CAR 9  1.1 Name of Organization: ………………………………………………………………………………………………………………..…  1.2 Approval Reference (if known):………………………………………………………………………………………………….……….  1.3 Name:……………………………………………………………………………………………………………………………………..  1.4 Position within the organization:………………………………………………………………………………………………………..  1.5 Phone/Fax/Mobile:………………………………………………………………………….. …………………………………………..  1.6 E-mail:…………………………………………………………………………………………………………………………………….. |

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| **2. Qualification and Training relevant to the item (1.4) Position:** ❑ see enclosed CV (incl. private address) |
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| **3. Work experience relevant to the item (1.4) Position:** ❑ see attachment |
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| **4. Other nominated AAC form 30-001 positions currently held** (*including name and approval number of organization*)**:** |
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| **5. Signatures:** |
| Applicant  Name and Signature:…………………………………………. ……………………………………………… Date \_\_/\_\_/\_\_\_\_  Accountable Manager  Name Surname and Signature:………………………………… …………………………………………… Date \_\_/\_\_/\_\_\_\_ |

*Note: Additional information in specific section should be provided in attachments, including the applicable evidence relevant to demonstrate compliance with the training, qualification and experience requirements.*

On completion, please send this form under confidential cover to AAC at the relevant address listed below

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| **AAC use only**  Name and signature of authorised AAC staff member accepting this person:  Signature…………………………………………………………………..……. Date: \_\_/\_\_/\_\_\_\_  Name……………………………………………………………………………… Office……………………………………  *Once authorised, a copy of the complete AAC Form FS.DSV.41 must be returned to the nominee.* |

**Return Address:** Agência de Aviação Civil Av. Cidade de Lisboa, nº 34 C.P 371 Várzea, Praia- Cape Verde