



FORM: AC-OPS001B

July 2008

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA (To be completed by the Nominee)			
1. Company name:		1. Company address:	
3. Name of nominee:		4. Position:	
5. Address of Nominee:			
6. Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contracted - Full Time <input type="checkbox"/> Contracted - Part Time			
7. Qualifications relevant to item (4) position (Tick here <input type="checkbox"/> if information is continued on reverse side of this form)		Date From	Date to
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
8. Work experience relevant to item (4) position:		Date From	Date to
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9. I,..... hereby confirm that (Print Name in full)			
(a) I have not			
(i) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor			
(ii) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority			
(b) The information provided on this form is true and correct to the best of my knowledge.			
Signature:.....		Date:.....	
10.		For TCAA Official Use Only	

Received by:

Name:

Position:

Signature:.....

Date:.....

Attach copies of certificates/proof of experience to this form in support of information supplied.