



# FORM:

TCAA-AC-AWS006G

February 2020

## MANAGEMENT PERSONNEL BIOGRAPHICAL DATA

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA (To be completed by the Nominee)		
1. Company name:	2. 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)		



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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- (i) held a certificate or aviation document issued by a Civil Aviation Authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor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.*