



TANZANIA CIVIL AVIATION AUTHORITY
DIRECTORATE OF SAFETY REGULATIONS
AIRWORTHINESS

Revision: 1
Form

Document No.:
TCAA-AC-AWS006G

Title: MANAGEMENT PERSONNEL BIOGRAPHICAL
DATA

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(i) held a certificate or aviation document issued by a Civil Aviation Authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor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

