

Application

To nominate personnel for key posts at an approved training organisation

Under EU Aircrew Regulation Annex VII - Part-ORA

By means of this form you can apply for a nomination of key personnel at an approved training organisation under EU Aircrew Regulation Annex VII – Part ORA.

If the provided area is insufficient, provide the additional information as an appendix to this form.

Incomplete or incorrectly completed forms will not be processed.

Send the form to div.hoofddorp@ilent.nl or send to Inspectie Leefomgeving en Transport / Luchtvaart P.O. Box 16191, 2500 BD Den Haag

More information 088 489 00 00 | www.ilent.nl

| | 1 | Details of Applicant |
|-----|--|-------------------------------|
| 1.1 | Company name | |
| 1.2 | CAA reference number (only for approved organisations) | <u> </u> |
| 1.3 | Name applicant | |
| , | Traine applicant | 1 |
| | 2 | Details of Nominee |
| 2.1 | Gender and Title | ☐ Male ☐ Female |
| 2.2 | First name | <u>I</u> |
| 2.3 | Last name | |
| 2.4 | Type and number of license (if applicable) | |
| 2.5 | Position for which nomination is | |
| | being made | |
| 2.6 | Nomination | ☐ Fulltime ☐ Part-time |
| | 3 | Qualifications and experience |

3.1 Specify the qualifications and experience of the nominee, as relevant for the position for which nomination is being

made.

Also specify the type of license, ratings and medical certificate held by the nominee and any other relevant training required and provide a copy of these documents with this application

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To nominate personnel for key posts at an approved training organisation Human Environment and Transport Inspectorate Ministry of Infrastructure and Water Management

Additional comments or remarks

4.1 Additional comments or remarks

| | _ | |
|-----|---|---|
| | 5 | Declaration I certify that the above named person is in compliance with the applicable requirements and that all the information given above is complete and correct. I have understood that I am submitting an application for which fees may be charged by the CAA. |
| 5.1 | Name nominee | |
| 5.2 | Date | |
| 5.3 | Signature nominee | |
| 5.4 | Name accountable manager | |
| 5.5 | Date | |
| 5.6 | Signature accountable manager | |
| | 6 | Enclosures |
| 6.1 | The following information shall | ☐ C.V. of nominee (this C.V. should also detail management experience) |
| | be enclosed in respect of experience for key posts. Tick or complete, as requested those items being enclosed. | ☐ Relevant training records of nominee |
| | | ☐ Revision to the Approved Training Organisation Manuals as applicable (for existing approved training organisations) |
| | | □ Copy of medical of nominee |
| | | □ Copy of license of nominee |
| | | |
| | | To be completed by CAA-NL |
| | | Nominee accepted : Yes / No |
| | | Date : |
| | | Signature : |