



FORM: AC-OPS001C

July 2008

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(i) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor		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