| **MAA Form 4 - Details of Nominated Personnel****Airworthiness Organizations** |
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| Details of Nominated Personnel required to be accepted as specified in:Choose an item. |
| 1. Name of Organization:
 |
| 1. Approval Reference:
 |
| 1. Name:
 |
| 1. Telephone Number:
 |
| 1. E-Mail Address:
 |
| 1. Position / Title:
 |
| 1. Qualifications relevant to position at Item 6:
 |
| * 1.
 |
| * 1.
 |
| * 1.
 |
| * 1.
 |
| 1. Work experience relevant to the position at Item 6: (Use continuation sheet if necessary)
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|   |
| 1. Other nominated MAA Form 4 positions currently held and other significant Activities undertaken (include name and approval number of organisation):
 |
| * 1.
 |
| * 1.
 |
| * 1.
 |
| * 1.
 |
| * 1.
 |
| 1. Man hour/Resource Plan

The applicant should provide a Man-hour/Resource Plan with this application to demonstrate the applicant has sufficient capacity to carry out the role in an effective manner. This should include all activities mentioned in section 9. |
| 1. Applicant’s Declaration

I declare that I meet the requirements for qualification, knowledge and experience as detailed in the applicable MAA regulation (RA ) and I have sufficient capacity to complete this role as described in the roles and responsibilities section of the Organization’s Exposition. |
| 1. Applicants Signature:
 | 1. Date:
 |
| 1. Accountable Manager’s Declaration

I declare that the above-named person nominated as a Postholder within my organisation has been found to be competent to carry out the role in accordance with the roles & responsibilities as described in the Organization’s Exposition . |
| 1. Signature:
 | 1. Date:
 |
| 1. On completion, please send this form to:

Military Aviation AuthorityAssurance Co-ordination CellJuniper 1, Wing 4, # 5104MoD Abbey Wood (North)BRISTOLBS34 8QWEmail: DSA-MAA-OA-ACC@mod.gov.uk |
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| **MAA USE ONLY**Name and signature of authorized MAA staff accepting this person:Name: Signature: Date:  |
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