| **MAA Form 4 - Details of Nominated Personnel**  **Airworthiness Organizations** | |
| --- | --- |
| 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. Work experience relevant to the position at Item 6: (Use continuation sheet if necessary) | |
|  | |
| 1. Other nominated MAA Form 4 positions currently held and other significant Activities undertaken (include name and approval number of organisation): | |
|  | |
|  | |
|  | |
|  | |
|  | |
| 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 Authority  Assurance Co-ordination Cell  Juniper 1, Wing 4, # 5104  MoD Abbey Wood (North)  BRISTOL  BS34 8QW  Email: [DSA-MAA-OA-ACC@mod.gov.uk](mailto:DSA-MAA-OA-ACC@mod.gov.uk) | |
|
| **MAA USE ONLY**  Name and signature of authorized MAA staff accepting this person:  Name:  Signature:  Date: | |
|