

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:
2. Approval Reference:
3. Name:
4. Telephone Number:
5. E-Mail Address:
6. Position / Title:
7. Qualifications relevant to position at Item 6:
 - a.
 - b.
 - c.
 - d.
8. Work experience relevant to the position at Item 6:

9. Other nominated MAA Form 4 (or CAA SRG 1769) positions currently held and other significant Activities undertaken (include name and approval number of organization):
 - a.
 - b.
 - c.
 - d.
 - e.

10. Working Hours / Resource Plan

The applicant should provide a working hours and resource plan with this application to demonstrate they have sufficient capacity to carry out the role in an effective manner. This should include all activities mentioned in section 9.

11. 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.

12. Applicants Signature:

13. Date:

14. Accountable Manager's Declaration

I declare that the above-named person nominated as a Postholder within my organization has been found to be competent to carry out the role in accordance with the roles and responsibilities as described in the Organization's Exposition .

15. Signature:

16. Date:

17. 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

MAA USE ONLY

Name and signature of authorized MAA staff accepting this person:

Name:

Signature:

Date: