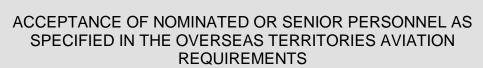
AIR SAFETY SUPPORT INTERNATIONAL





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1.	ORGANISATION NAME:			
2.	APPROVAL REFERENCE:			
3.	NAME:			
4.	OTAR 66 AMEL NUMBER (IF ANY): (or National License Nos)			
5.	. POSITION:			
	(Tick this box if post holder is also the Accountable Manager)			
6.	. OTAR Part REFERENCE:			
7.	7. ACADEMIC QUALIFICATIONS RELEVANT TO THE ITEM (5) POSITION			
8.	8. WORK EXPERIENCE RELEVANT TO THE POSITION STATED IN ITEM 5.			
•	NAME OF RREVIOUS ROOT HOURER (IF ANNO			
8.	NAME OF PREVIOUS POST HOLDER (IF ANY)			
10	. SIGNATURE DATE			
10.	DATE			

'SAVE OR PRINT A COPY OF THIS FORM FOR YOUR RECORDS.

Send it to: enquiries@airsafety.aero

Or mail to: Floor 2 Northgate House 115 High Street

Crawley West Sussex RH10 1FY UK