

AIR SAFETY SUPPORT INTERNATIONAL

ACCEPTANCE OF NOMINATED OR SENIOR PERSONNEL AS
SPECIFIED IN THE OVERSEAS TERRITORIES AVIATION
REQUIREMENTS



DETAILS:

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. ACADEMIC QUALIFICATIONS RELEVANT TO THE ITEM (5) POSITION

8. WORK EXPERIENCE RELEVANT TO THE POSITION STATED IN ITEM 5.

8. NAME OF PREVIOUS POST HOLDER (IF ANY)

10. SIGNATURE..... 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