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| **Competent authority: European Aviation Safety Agency (EASA)**   1. **Details of Management Personnel required to be accepted as specified in:**  |  |  |  | | --- | --- | --- | | **Part 145.A.30(b) 🞏** | **Part M.A.706(c) 🞏** | **Part 147.A.105(b) 🞏** |   **Tick the applicable box**  **2. Title / First Name / Surname:**  **To complete a text box, right click the box, choose ‘Text Box Object>Edit’ then type your response.**    **3. Position within the Organisation:**  **4. Qualifications relevant to the item (3) position:**  **Use Shift+Return to start a new line in the text box.**    **5. Work experience relevant to the item (3) position:**  **Use Shift+Return to start a new line in the text box.**    **6. Organisation:**  **7. Approval Number relevant to the item (6):**    **Signature:  Date:**  **Competent Authority use only**  **Name and signature of authorised EASA staff member accepting this person:**  **Signature:  Date:**    **Name:  Office: EASA, Cologne** |