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| **Competent authority: European Aviation Safety Agency (EASA)**1. **Details of Management Personnel required to be accepted as specified in:**

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| --- | --- | --- |
| **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** |