**APPLICATION**

**NOMINATED PERSON’S COMPETENCE**

**AIRCRAFT OPERATIONS DIVISION**

**CAA OF LATVIA**

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| Organisation |  |
| Organisation’s address |  |
| Contact point  (name/telephone/e-mail) |  |
| Accountable Manager’s name |  |
| Nominated person’s name |  |
| **Person is nominated for the management and supervision of the following area(s):** | | |
| Flight Operations | | |
| Crew training | | |
| Ground operations | | |
| Compliance monitoring | | |
| Safety management | | |
| **Education and training** | | |
| *Note: Provide full details of education commencing with secondary (i.e. high or technical school) level. List in-service or extra-curricular courses that have been completed. List employee’s licences and certificates in the field of civil aviation. Specify the dates, title of qualification awarded, name and type of organisation providing education and training.* | | |
| **Practical experience and expertise in the application of aviation safety standards and safe operating practices (employment record)** | | |
| *Note: List the fields of activities in civil aviation, starting with present or most recent employment, specifying the: dates, occupation or position held, main activities and responsibilities, working or flying experience, name and address of employer, type of business or sector.* | | |
| **Familiarity with the management systems (evidence)** | | |
|  | | |
| **Evidence of appropriate management experience, i.e. comparable organisation, other** | | |
|  | | |
| **Evidence of relevant work experience:** | | |
| **5 years’ experience:** yes no | | |
| **2 years’ experience from the aeronautical industry in an appropriate position:** yes no | | |
| **Valid flight crew licence and associated ratings:** yes no | | |
| **Current type rating instructor on a type:** yes no | | |

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| **Accountable manager** (signature/date): |

**For LV CAA use**

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| **Knowledge test**  Pass Failed Not complete  Inspector’s name/signature/date: |

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| **Overall assessment performed**  Inspector’s name/signature/date:  **Accepted by LV CAA**  Head of AOD (name/signature/date): |

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| **Notification of the organisation**  AOD LV CAA letter No/date: |