CIVIL AVIATION AUTHORITY OF BOTSWANA
P. O. Box 250, Gaborone, Botswana Tel: +267 3688200 /3913236 Fax +267 3930165

FLIGHT SAFETY DIRECTORATE

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA FORM

(To be Filled by Position Holder and Confirmed by Accountable Manager)

***NOTE**: This form should be completed in respect of each person in the management personnel of an applicant for an Approved Maintenance Organization (AMO) Certificate in line with Regulation 20 of the Civil Aviation (Approved Maintenance Organisations) Regulations. The completed form should be submitted to the CAAB together with the AMO Certificate application form. The form should also be re-submitted in the event of changes to the information previously provided.*

1. COMPANY NAME	**2. COMPANY ADDRESS**
3. NAME OF NOMINEE	**4. POSITION**

5. Status: ☐ Permanent ☐ Contracted – Full Time ☐ Contracted – Part Time

6. QUALIFICATIONS RELEVANT TO ITEM (4) POSITION	Date From	Date To
(a)		Present
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		

7. WORK EXPERIENCE RELEVANT TO ITEM (4) POSITION	Date From	Date To
(a)		Present
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		

NOTE: Additional Information may be attached to this document.

8. I, ---------- hereby confirm that:
(*Print Name*)

1.

a) **I have/ have not**

Held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the past five years by reason of criminal, fraudulent, or improper action;

b) **I have/ have not**

Contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority.

2. The information provided in this form is true and correct to the best of my knowledge.

Signature ---------- Date: ----------

9. CONFIRMATION BY ACCOUNTABLE MANAGER

Name ----------

Signature and Stamp:- Date: