**GACA**
الهيئة العامة للطيران المدني
General Authority of Civil Aviation

## APPLICATION FOR NOMINATION OF HELIPORT MANAGEMENT PERSONNEL
### (For use of the Applicant/Heliport Operator)

| S. No | DESCRIPTION | DATA INFORMATION (To be filled by Applicant or Heliport Operator) |
|---|---|---|
| 1.0 | **HELIPORT MANAGEMENT POSITIONS** (Please check mark the applicable position as X) | 1. Heliport-Accountable Executive ☐ <br> 2. Person in-charge of Operations ☐  3. Person in-charge of Maintenance ☐ <br> 4. Person in-charge of RFFS ☐  5. Person in-charge of Safety Management ☐ |
| 2.0 | **NAME OF APPLICANT OR HELIPORT OPERATOR** | |
| 3.0 | **NAME AND LOCATION OF HELIPORT** | |
| 3.0 | **DETAILS OF NOMINATED MANAGEMENT PERSONAL** | |
| 3.1 | Name | |
| 3.2 | Address | |
| 3.3 | Date of Birth | |
| 3.4 | Telephone and Email | Tel (Mob): …………………………   E-Mail: ………………………… |
| 3.5 | Nationality | |
| 4.0 | **QUALIFICATION** | |

| S. No | Qualification Description (Start from higher qualification) | Name of the Institution/University | Year of Completion | Passing Grade or Percentage |
|---|---|---|---|---|
| 4.1 | | | | |
| 4.2 | | | | |
| 4.2 | | | | |

**5.0 WORK EXPERIENCE**

| S. No | Designation of the Position (Start from Current/Latest Position) | Name of the Organization/Aerodrome | Period of Work From | Period of Work To |
|---|---|---|---|---|
| 5.1 | | | | |
| 5.2 | | | | |
| 5.3 | | | | |
| 5.4 | | | | |
| 5.5 | | | | |

**6.0 TRAINING DETAILS (RELEVANT)**

| S. No | Name of Course/Training (Start from the newest training) | Name of the Training Institution | Period of Training From | Period of Training To |
|---|---|---|---|---|
| 6.1 | | | | |
| 6.2 | | | | |
| 6.3 | | | | |

**NOTE: Attach Curriculum Vitae and proof of qualifications, experience and relevant trainings of nominated management personal.**

I hereby certify that the forgoing information is correct in every respect and no relevant information has been withheld.


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Signature of Nominating Authority/Accountable Executive
Name: ……………………….…………………………………

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