FORM 4 – APPLICATION FOR NOMINATION OF AOC PERSONNEL

Please complete the form in **BLOCK CAPITALS** then print, sign and submit as instructed. Please read attached Guidance Notes before completing the technical sections of this form.

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| **False Statement** |
| The making of false statement for the purpose of procuring the grant, issue, revalidation, renewal or variation of any certificate, licence, approval, permission or other document is an offence under the Civil Aviation Order 2017. The Director of Civil Aviation may, in any case in which they think it is desirable, require the applicant to furnish such evidence as they may desire and to make and subscribe a statutory declaration as to the truth of the facts set out in the application. |

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| 1. **Details of Nominated Personnel required to be accepted as specified in Part ORA Applicant**

(To be completed by the Applicant) |
| **Name of Organisation**  | **Approval Reference**  |
| **Forename**  | **Surname**  |
| **Date of birth**  | **Nationality**  |
| **Town of Birth**  | **Country of Birth**  |
| **Permanent Address**  |
|   | **Postcode**  |
| **Telephone no**  | **Mobile no**  |
| **Email**  |
| A certified copy of your valid Passport, National Identity Card or Full Photographic Driving Licence (see Guidance Note 1) must accompany your application as proof of identification. |

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| 1. **Address for Correspondence**

(if different from above) (To be completed by the Applicant) |
| **Postal Address**  |
|   | **Postcode**  |

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| 1. **Position being nominated for**

(To be completed by the Applicant) |
| **Accountable Manager**  |
| **Flight Operations**  | **Crew Training**  |
| **Ground Operations**  | **Continued Airworthiness**  |
| **Safety Manager**  | **Compliance Monitoring Manager**  |
| **Instructor for:** | **Examiner for:** |

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| 1. **Qualifications relevant to the position**

(To be completed by the Applicant) |
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| I have included my CV for reference: [ ]  **Yes** [ ]  **No** |

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| 1. **Experience relevant to the position**

(include breakdown of instructional hours) (To be completed by the Applicant) |
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| 1. **Other nominated Form 4 positions currently and previously held**

(including name of organisation and dates position held) (To be completed by the Applicant) |
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| 1. **Declaration of Applicant**

(To be completed by the Applicant) |
| I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered. |
| **Signature of Applicant**  | **Date**  |

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| **Delivery Instructions** |
| This form, when completed, should be forwarded to:***Flight Operations Section******Regulatory Division******Department of Civil Aviation*** ***Ministry of Transport and Infocommunications*** ***Brunei International Airport*** ***Bandar Seri Begawan, BB2513******Brunei Darussalam***Or via email at flightops.regulatory@dca.gov.bn  |
| ***Note 1:*** *The DCA requires a minimum of 90 days to process a completed application.* ***Note 2:*** *Refer to Brunei DCA Scheme of Charges for charges and fees.* |
| **Payment Instructions** |
| Where applicable, full payment to be made as per Brunei DCA Scheme of Charges. |
| **For official use only** |
| **Date of Receipt:**   |
| **Enclosures Checked by:** | **Name**  | **Office**  |
| **Application:** [ ]  **Accepted** [ ]  **Rejected** [ ]  **Pending** [ ]  **Approved** |
| **Remarks**  |
| **Name of authorised staff member**  |
| **Signature**  | **Date**  |