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| **Details of Nominated Personnel required to be accepted as specified in** | | **Part-CAMO  Part-CAO**  **Part-145** | |
| **Note**  • Attach copies of documents relevant to the position sought for acceptance, e.g. CV, licence(s), diplomas, etc.  • The nominated person will be formally accepted via the approval of the CAME, MOE or CAE (as applicable).  A copy of this form will not be submitted back to the organisation. | | | |
| 1. Name of Organisation: | 2. Approval Reference(s): | | |
| 3. Name: | 4. Position: | | |
| 5. Email: | | |  |
| 6. Office phone number: | Mobile: | | |
| 7. **Qualifications relevant to the Nominated Position (Item 4):** | | | |
|  | | | |
| 8. **Work experience relevant to the Nominated Position (Item 4):** | | | |

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| 9. **Nominated positions in other organisations currently held and other significant activities that are undertaken (including name and approval number of the organisation(s):** | | | | | | | | | |
| 10. **The Nominated Person Declaration**  I declare that I meet the requirements for qualification, knowledge and experience as detailed in the applicable regulation. I have sufficient capacity to complete this role as described in the roles and responsibilities section of the organisation's Exposition. | | | | | | | | | |
|  |  | | | | | Date: |  | |  |
|  | Nominated person signature | | | | |  |  | |  |
|  | | | | | | | | | |
| 11. **The Accountable Manager Declaration**  I declare that the person named above, nominated as a senior staff member within my organisation, has been found competent to carry out the role in accordance with the roles and responsibilities described in the organisation's exposition. | | | | | | | | | |
|  |  | | | | | Date: |  | |  |
|  | Accountable Manager signature | | | | |  |  | |  |
|  |  | | | | |  |  | |  |
| **ICETRA use only** | | | |  | Case no: | | |  |  |
| Other approvals affected by this nomination, e.g. AOC, ATO. List the approval(s):  Established adequate liaison with other ICETRA sections if applicable. Inspector initial: | | | | | | | | |  |
| Name and signature of authorised ICETRA staff member accepting this person: | | | | | | | | |  |
| Signature: | | |  | | | Date: |  | |  |
| Name: | |  | | | | Office: |  | |  |
| Note: The nominated person will be formally accepted via the approval of the CAME, MOE, or CAE as applicable. | | | | | | | | | |

LHD-04 February 2025