



# SEYCHELLES CIVIL AVIATION AUTHORITY

1. Details of Nominated Personnel required to be accepted as specified in Part- M [ ] or Part 145 [ ] <sup>Tick as appropriate</sup>

2. Title / First Name / Surname:

3. Position within the Organisation:

4. Qualifications relevant to the item (3) position:

5. Work experience relevant to the item (3) position:

6. Organisation:

7. Approval Number relevant to the item (1):

8. Signature:

9. Date:

Note: When completed this form should be send under confidential cover to the Seychelles Civil Aviation Authority, Safety Regulation Division, Airworthiness Inspectorate, PO Box 181, Seychelles International Airport, Mahe, Republic of Seychelles.

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## SCAA use only

Name and signature of authorised SCAA staff member accepting this nominated person:

Signature:

Date:

Name:

Office: