



ASSESSMENT FORM ACG	ZPH 147-1
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Part 1: GENERAL	
Name of organisation:	
Approval reference:	
Address of organisation:	
Name of assessed person:	
Intended function/position acc. MTOE:	
Qualification of assessed person acc. Form 4:	
Work experience of assessed person acc. Form 4:	
Name of observer:	
Function/position of observer:	

Date of assessment:	Assessment reference(s):	Competent authority assessment surveyor:
Assessment start:		
Assessment end:		



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Part 2: KNOWLEDGE ASSESSMENT

Assessment question	Question/Subject	Notes/Answer	Passed		Note
			Yes (Y)	No (N)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



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Part 3: ACCEPTANCE

RECOMMENDATION

In reference to the application EASA Form 4 from (date) the following person
(name of person) was as assessed by Austro Control on
(date) and fulfils the requirement acc. ZPH 147-1 latest edition.

The applicant will be accepted by Austro Control to hold the function/position
(description) acc. MTOE of (Name of organisation and
approval reference).....

A revision of the MTOE is to be performed.

Name of accepting competent authority assessor:		Signature of accepting competent authority assessor:	
Competent authority office:		Date of acceptance:	
Assessment review: (quality check)		Date of review:	