## EASA Form 4



Details of Manage	ment Personnel	required to be	e accepted by the	e competent authority:
Austro Control Grr	ibH / Austria			

Please fill in the framed fields of the form, sign it and send it, depending on the type of organisation, together with attachments to:   (Part-147) AUSTRO CONTROL GmbH, Aviation Agency, Department LSA, Wagramer Straße 19, 1220 Vienna, wartungslizenzen@austrocontrol.at   (otherwise) AUSTRO CONTROL GmbH, Aviation Agency, Department AOT, Wagramer Straße 19, 1220 Vienna, teo@austrocontrol.at							
1 Organisat							
Type of organisati	on Name of org	ganisation		Approval number			
2 Person							
Name of nominated person							
3 Position							
Position in the organisation							
4 Qualificati	ons						
Qualifications rele	vant to the position	as per point 3					
5 Work expe	erience						
Work experience relevant to the position as per point 3							
	of the person						
Place	Date	Name	Signature				
Competent Authority use only:							
Name and signature of authorised competent authority staff member accepting this person							
Office	Date	Name	Signature	1			