

Résumé of nominated Personnel

Details of Management Personnel required to be accepted by the competent authority:
Austro Control GmbH / Austria

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, teo@austrocontrol.at

1 Organisation

Type of organisation	Name of organisation	Approval number
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Person

Name of nominated person

3 Position

Position in the organisation

4 Qualifications

Qualifications relevant to the position as per point 3

5 Work experience

Work experience relevant to the position as per point 3

6 Signature of the person

Place	Date	Name	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Competent Authority use only:

Name and signature of authorised competent authority staff member accepting this person

Office	Date	Name	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>