



LIBYAN CIVIL AVIATION AUTHORITY
LYCAA.FSD .OPS-Form 4
Management Personnel - Air Operator
Certification

ISSUED ON :
01/06/2017

1. Details of Management Personnel required to be demonstrated as suitable, in accordance with LYCARs:

Please tick appropriate box:

- Accountable Manager [ORO.GEN.210 (a)]**
- Flight Operations [ORO.AOC.135(a)(1)]**
- Crew Training [ORO.AOC.135(a)(2)]**
- Ground Operations [ORO.AOC.135(a)(3)]**
- Compliance Monitoring Manager [AMC1 ORO.GEN.200(a)(6) (c)(1)]**
- Safety Manager [AMC1 ORO.GEN.200(a)(1);(2);(3);(5) (c)]**
- [AMC1 ORO.GEN.200(a)(1)]**

- 1. Operator Name:
- 2. AOC Number:
- 3. Name:
- 4. Position:
- 5. Employment/Contracted Status:

2. Qualifications relevant to Position(s):

Nominee License No:.....License Type:..... F/W/H:..... ATPL:.....

Ratings: Aeroplanes:
 Helicopters:

- 1** -
- 2** -
- 3** -

Curriculum Vitae for the nominee detailing education, training, qualifications and relevant positions held during the past **ten years** must be attached to this form.

Questionnaire and Declaration by Nominee

Name of nominated person: Surname:..... First name(s):.....
Nationality:..... Date of Birth:..... Sex: Male:.....Female:.....
Business address:
.....
Tel:..... Fax:..... Email:.....

The information solicited herein is required to attest that the nominated persons have not been the subject of any judicial or administrative proceedings, as required by the Libyan Civil Aviation regulations. Yes No

a) Have you previously had an application for an aviation document rejected or been the holder of an aviation document which was suspended or revoked. Yes No

b) Have you been convicted in any court of law of any safety-related aviation offence or are you presently investigation for a safety-related aviation offence? Yes No

c) Have you been convicted on any criminal case or are you presently facing charges of a criminal act . Yes No

d) Have you had any physical or mental ailment or treatment for behavioral disorder if so submit medical details ? Yes No

If answering "Yes" to question (b), (c) or (d) above, provide details on separate sheets and medical certificates enclosed in a sealed envelope marked **Confidential**.

The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes a criminal offence under article 187of the LYCAA # 6 of 2005.

3. Work Experience relevant to Position(s):

4. Return Address:

On completion, please send this form under confidential cover to the appropriate LYCAA Flight Operations Manager or assigned Flight Operations Inspector.

5. Declaration:

I declare that to the best of my knowledge the particulars entered on this form are accurate.

Signature: Date:

LYCAA use only

Name and signature of authorized LYCAA staff member accepting this nomination:

Signature: Date:

Name: Office:

Once accepted, a copy of the completed LYCAA Form 4 must be returned to the nominee.