



TCAA Safety Regulations

Pursuant to Trinidad and Tobago Civil Aviation Regulations, 2004.

Biographical Data

MANAGEMENT PERSONNEL BIOGRAPHICAL DATA			
(To be completed by the Nominee)			
1. Company name:		1. Company address:	
3. Name of nominee:		4. Position:	
5. Address of Nominee:			
6. Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contracted - Full Time <input type="checkbox"/> Contracted - Part Time			
7. Qualifications relevant to item (4) position (Tick here <input type="checkbox"/> if information is continued on reverse side of this form)		Date From	Date to
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
8. Work experience relevant to item (4) position:		Date From	Date to
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9. I,..... hereby confirm that <div style="text-align: center;">(Print Name in full)</div> <p>(a) I have not</p> <p style="padding-left: 20px;">(i) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor</p> <p style="padding-left: 20px;">(ii) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority</p> <p>(b) The information provided on this form is true and correct to the best of my knowledge.</p> <p>Signature:..... Date:.....</p>			
10. For CAA Official Use Only			
Received by:			
Name:		Position:	
Signature:.....		Date:.....	
Attach copies of certificates/proof of experience to this form in support of information supplied.			



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7. Qualifications relevant to item (4) position (Continued from Page 1)	Date From	Date to
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
8. Work experience relevant to item (4) position:	Date From	Date to
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
9. I,..... hereby confirm that (Print Name in full)		
(a) I have not		
(i) held a certificate or aviation document issued by a civil aviation authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor		
(ii) contributed materially to the revocation or suspension of an aviation document issued by a civil aviation authority		
(b) The information provided on this form is true and correct to the best of my knowledge.		
Signature:.....		Date:.....