

PODACI O RUKOVODNOM OSOBLJU
DETAILS OF MANAGEMENT PERSONNEL – EASA FORM 4

1. Podaci o rukovodnom osoblju za koje se traži prihvaćanje prema (molimo popuniti odgovarajuću kućicu):
Details of Management Personnel required to be accepted as specified in (Please tick appropriate box):

Part-147 Part-145 Part-M Part 21 OPS

2. Titula/ Ime/ Prezime / *Title/ First Name/ Surname:*

3. Pozicija u organizaciji / *Position within the Organisation:*

4. Kvalifikacije relevantne za točku (3) / *Qualifications relevant to the item (3) position:*

5. Radno iskustvo relevantno za točku (3) / *Work experience relevant to the item (3) position:*

Priložiti životopis i certifikate/ *Attach Curriculum vitae and certificates*

6. Naziv organizacije *Name of Organisation :*

7. Broj odobrenja organizacije relevantan za točku (1) / *Organisation Approval Number relevant to the item (1):*

Priložiti pismo nominacije Odgovornog rukovoditelja / *Attach Letter of nomination for this position signed by Acc. Mgr.*

Potpis nominirane osobe:
Signature of nominated person:

Datum/ Date:

Nakon popunjavanja, molimo da obrazac dostavite nadležnom CCAA odjelu / *On completion, please send this form to the relevant CCAA department*



Croatian Civil Aviation Agency

Popunjiva CCAA / CCAA use only	
Ime, prezime i pozicija osobe ovlaštene za prihvaćanje nominirane osobe: Name, Surname & Position of authorised CCAA staff member accepting this person:	
Datum / <i>Date</i> :	Potpis / <i>Signature</i> :
Pečat / <i>Stamp</i> :	

* *Nakon prihvaćanja original popunjenog obrasca QSM-FRM-108 se šalje nominiranoj osobi*
Once authorised, an original of the completed QSM-FRM-108 must be returned to the nominee.

NADLEŽAN ODJEL ZA PREDAVANJE ZAHTEJEVA / DEPARTMENT FOR SUBMISSION:

Part M, Part 21, Part 145, Part 147:

CCAA, Odjel plovidbenosti zrakoplova / *Airworthiness Department*

OPS:

CCAA, Odjel letačkih operacija i školstva / *Flight Operations and Training Department*