| **REPUBLIC OF MAURITIUS**  **Department of Civil Aviation** | | | |
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| DCA Form 4 Details of Nominated Personnel - Resume | | | |
| 1. Organization name |  | | |
| 2. Approval number |  | | |
| 3. Full name |  | | |
| 4. Telephone/Fax |  | E-Mail |  |
| 5. MCAR approval  Part 145, Part CAMO, Part CAO |  | | |
| 6. Position for the MCAR approval |  | | |
| 7. Title within the organization |  | | |
| 8. Qualifications relevant to position  Refer to applicable requirements | Yes  No | | |
| 9. Work experience relevant to position  Refer to applicable requirements | Yes  No | | |
|  | | | |
| Declaration by person making the application  *I declare that the above particulars and documents submitted with this application are true in every respect* | | | |
| 11. Date |  | | |
| 12. Name and signature |  | | |
|  | | | |
| Application should be addressed to:  Director of Civil Aviation  Department of Civil Aviation  Sir Seewoosagur Ramgoolam International Airport, Plaine Magnien  Mauritius  *This application must be accompanied by all necessary supporting documents* | | | |