| **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 approvalPart 145, Part CAMO, Part CAO |  |
| 6. Position for the MCAR approval |  |
| 7. Title within the organization |  |
| 8. Qualifications relevant to positionRefer to applicable requirements | Yes [ ]  No [ ]   |
| 9. Work experience relevant to positionRefer 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* |