



**SIERRA LEONE CIVIL AVIATION AUTHORITY**

**AERODROME OPERATOR POST HOLDER'S  
COMPETENCY ASSESSMENT FORM**

Form No: AC-AGA003-Rev01

| <b>AERODROME OPERATOR CERTIFICATE POST HOLDER'S COMPETENCY<br/>ASSESSMENT FORM</b>   |                     |         |
|--|---------------------|---------|
| <b>Details of Management Personnel required to be accepted as specified in Sierra Leone Civil Aviation (Aerodrome Safety Standards) Regulation Part 14C, section 2.3.2(o), IS4.4 part 5.1(a) and Appendix 2 of SLCAA-AC-AGA003 Rev01 Operational Personnel Competence Assessment and Requirement</b> |                     |         |
| 1. Company name:   | 2. Company address: |         |
|  |                     |         |
| 3. Name of Nominee:  | 4. Position:        |         |
|  |                     |         |
| 5. Address of Nominee:   |                     |         |
| 6. Status: <input type="radio"/> Permanent <input type="radio"/> Contract-Full Time <input type="radio"/> Contract-Part Time   |                     |         |
| 7. Qualifications relevant to item (4) position<br>(Tick here <input type="checkbox"/> if information is continued on reverse side of this form)   | Date From           | Date To |
| (a)  |                     |         |
| (b)  |                     |         |
| (c)  |                     |         |
| (d)  |                     |         |
| (e)  |                     |         |
| (f)  |                     |         |
| (g)  |                     |         |
| (h)  |                     |         |
| (i)  |                     |         |
| (j)  |                     |         |
| 8. Work experience relevant to item (4) position   | Date From           | Date To |
| (a)  |                     |         |
| (b)  |                     |         |
| (c)  |                     |         |
| (d)  |                     |         |
| (e)  |                     |         |

|     |  |  |
|-----|--|--|
| (f) |  |  |
| (g) |  |  |
| (h) |  |  |
| (i) |  |  |
| (j) |  |  |

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  - (i) held a certificate or aviation document issued by a Civil Aviation Authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper, action or insanity on my part, nor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.....

**For SLCAA acceptance only**

(Name and signature of the authorized SLCAA staff member accepting the proposed person)

**Name:**.....**Date & Reference:** .....

**Signature:** ..... **Reviewed by ASSD Inspector:** .....

**Name:** .....**Date & Reference:** .....

**Signature:** ..... **Approved by ASSD Manager:** .....