KUWAIT CAA FORM 4 APPLICATION

BIOGRAPHICAL DETAILS OF PERSONS NOMINATED BY AN APPROVED ORGANIZATION

Details of Management Personnel required to be accepted by Kuwait CAA as specified in the KCASR:					
AOC ☐	Part 145 ☐	Part M – M.A707 ☐	Part M – M.A707 ☐ (Aircraft Review Staff)	Part 147 ☐	
ATO ☐	Aeromedical ☐	Ground Handling ☐	Light Sport Club ☐	Other: ..... ☐	

1. Name of Organization:	
2. Approval Reference:	
3. Name of Nominee:	
4. Title Within the Organization:	
5. Equivalent KCASR Position:	
6. Email Address:	
7. Contact Number:	
8. Qualification Relevant to the Position: (add attachments as needed)	
9. Work Experience Relevant to the Position: (add attachments as needed)	
10. Signature of Nominee:	Date: Click or tap to enter a date.
11. Accountable Manager / CEO Signature & Stamp of	Date: Click or tap to enter a date.

Kuwait CAA Use Only: (CAA / ASD Inspectors, conducted the interview)					
Notes:					
1. Name:		Signature & Date:	2. Name:		Signature & Date:
3. Name:		Signature & Date:	4. Name:		Signature & Date:
Kuwait CAA Approval:					
Name:		Signature:		Date:	

Note: a) On completion, please send this form under confidential cover to the Kuwait CAA / ASD.
b) Use separate sheet if needed.
c) Once Approved, a copy of the completed Form 4, shall be sent to the nominee.