



**REPUBLIC OF MACEDONIA  
CIVIL AVIATION AGENCY**  
*A member of the*  
**JOINT AVIATION AUTHORITIES**

Details of Management Personnel required to be accepted as specified in Part-.....

**1. Name:**

**2. Position:**

**3. Qualifications relevant to the item (2) position:**

**4. Work experience relevant to the item (2) position:**

**5. Signatures:**

*a) Applicant*

**Signature:** .....

**Date:** .....

*b) Accountable Manager*

**Signature:** .....

**Date:** .....

On completion, please send this form under confidential cover to the Civil Aviation Agency (MKCAA).

*MKCAA use only*

Name and signature of authorised MKCAA staff member accepting this person:

**Signature:** .....

**Date:** .....

MP

**Name:** .....

**Office:** .....