

BIOGRAPHICAL DETAILS OF PERSONNEL NOMINATED BY A DANGEROUS GOODS ORGANIZATION

Notes: Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink. Submit the application form along with the requirements stipulated in Kuwait Civil Aviation Safety Regulations KCASR 18.

Details of Management Personnel required to be accepted as specified in KCASR:

1. NAME OF ORGANIZATION:

2. ORGANIZATION APPROVAL REF.:

3. FULL NAME OF NOMINEE:

4. POSITION FOR THE DGCA APPROVAL:

5. TITLE WITHIN THE ORGANIZATION:

6. EMAIL ADDRESS:

7. CONTACT NUMBER:

8. QUALIFICATION RELEVANT TO THE POSITION:

9. WORK EXPERIENCE RELEVANT TO THE POSITION:

10. DECLARATION OF APPLICANT

(To be completed by the Applicant)

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed the KCASR and have submitted all of the necessary paperwork for my application to be considered.

Signature & Name of Applicant:

Date:

DGCA USE ONLY

Remarks (If any):

The above application is hereby Accepted Rejected on condition that the provisions of ICAO Technical Instructions or IATA DG Regulations and Kuwait Civil Aviation Safety Regulations KCASR 18 are complied with.

Head of the Division
Signature & Stamp:

Date:

Aviation Safety Director
Signature & Stamp:

Date:

Note: Use separate sheets if needed.