

DGCA FORM 4 APPLICATION

BIOGRAPHICAL DETAILS OF PERSONS NOMINATED BY DGCA APPROVED ORGANIZATION

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

AOC <input type="checkbox"/>	Part 145 <input type="checkbox"/>	Part M - M.A.706 <input type="checkbox"/>	Part M - M.A707 (Aircraft Review Staff) <input type="checkbox"/>	Part 147 <input type="checkbox"/>
ATO <input type="checkbox"/>	Aeromedical <input type="checkbox"/>	Ground Handling <input type="checkbox"/>	Other <input type="checkbox"/>	

1. Name of Organization :

2. Approval Reference :

3. 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. Signature of Nominee :

Date:

11. Signature & Stamp of
Accountable Manager /CEO :

Date:

DGCA Use Only :

DGCA/ASD Inspectors, conducted the interview:

1. Name:	Signature & Date:	2. Name:	Signature & Date:
3. Name:	Signature & Date:	4. Name:	Signature & Date:

DGCA-Aviation Safety Director, approving this Candidate:

Name:	Signature & Stamp:	Date:
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Once authorized, a copy of the completed DGCA Form 4, must be returned to the nominee.

Note: a) On completion, please send this form under confidential cover to the DGCA.
b) Use separate sheet if needed.

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