

	SIERRA LEONE CIVIL AVIATION AUTHORITY	Reference	FORM:AC-PEL026B
	Management Personnel Biographical Data	Revision	01
		Date	31 ST AUGUST 2022
(To be completed by the Nominee)			
1. Company name:		2. Company address:	
3. Name of nominee:		4. Position:	
5. Address of Nominee:			
6. Status: Permanent Contracted - Full Time Contracted – Part Time			
7. Qualifications relevant to item (4) position (Tick here if information is continued on reverse side of this form)		Date From	Date To
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
8. Work experience relevant to item (4) position:		Date From	Date To
(1)			Present
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9. 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(i) held a certificate or aviation document issued by a civil aviation Authority that was revoked or terminated within the previous five years by reason of criminal, fraudulent, improper action or insanity on my part; nor			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:.....	
10. For SLCAA Official Use Only			
Received by:			
Name.....		Position:	
Signature.....		Date:	
Attach copies of certificates/proof of experience to this form in support of information supplied.			

