



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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MANAGEMENT PERSONNEL NOMINATION FOR CAR 145

An individual form should be completed for each position.

A vertical line in the margin indicates an amendment to the previous version.

1. MAINTENANCE ORGANISATION DETAILS			
Organisation Name:			
CAR 145 Approval No.:		Telephone:	
2. KEY MANAGEMENT POSITION Ref CAR 145.105, Appendix to CAR 145.25 and Associated AMCs			
Title	Name	Contact Details	
Please tick appropriate box: <input type="checkbox"/> Quality Manager <input type="checkbox"/> Planning Manager <input type="checkbox"/> Procurement Manager <input type="checkbox"/> Production Manager <input type="checkbox"/> Safety Manager <input type="checkbox"/> Independent auditor (if applicable) <input type="checkbox"/> Other		Tel:	
		Email:	
3. QUALIFICATIONS RELEVANT TO PROPOSED POSITION (Enclose certificates, licences etc)			
4. WORK EXPERIENCE RELEVANT TO PROPOSED POSITION(s) in BOX 2			
5. DECLARATION			
I hereby nominate this person as competent to undertake the tasks and responsibilities and declare that the information given in this application, to the best of my knowledge, is true.			
Date:	Name of Accountable Manager:	Signature:	
6. FOR CAA USE ONLY			
Recommended:	Date:	Name of Inspector:	Signature:
Accepted:	Date:	Name:	Signature