**Approval/acceptance of Accountable Manager/ Nominated Person(s)**

Accountable Manager/Nomination of Persons required by COMMISSION REGULATION (EU) No 965/2012 (as amended). Please complete the form in BLOCK CAPITALS.

|  |
| --- |
| 1. **Organisation** |
| **1.** Operator Name: **Click here to enter text.**  **2.** Address: **Click here to enter text.**  **3.** AOC number: **Click here to enter text.**  **5.** Contact person: **Click here to enter text.**  **7.** Phone number: **Click here to enter text.**  **8.** Email: **Click here to enter text.** |

|  |
| --- |
| 1. **PERSONAL DETAILS** |
| **1.** Name, surname: Title: **Click here to enter text.** Surname: **Click here to enter text.**  **2.** Date of birth: **Click here to enter text.**  **3.** Proposed position: **Click here to enter text.**  **4.** Percentage of employment: **Click here to enter text.**  **5.** Email: **Click here to enter text.**  **6.** Phone number: **Click here to enter text.**  **7.** Qualifications relevant to the proposed position   |  | | --- | |  |   **8.** Management/Work experience relevant to the proposed position:   |  | | --- | |  | |

|  |
| --- |
| 1. **Signature**   The undersigned person confirms that the designated person fulfils all legal requirements and that all enclosed information is complete and true. |
| **1.** Name/Surname: **Click here to enter text.**  Signature  **2.** Date: **Click here to enter text.** |

|  |
| --- |
| 1. **LV CAA approval/acceptance** |

**Accountable Manager:**

LV CAA has verified and approved the nomination, of Capt. /Mr/Ms. **Click here to enter Name.** as accountable Manager for Click here to enter Company. in accordance with COMMISSION REGULATION (EU) No 965/2012.

**Nominated person:**

LV CAA has verified and accepted the nomination, of Capt. /Mr/Ms. **Click here to enter Name.** as:   
Click here to enter Position. for **Click here to enter Company.**   
in accordance with COMMISSION REGULATION (EU) No 965/2012.

This will enter into effect on **Click here to enter a date.**

**Names and signatures of authorised LV CAA staff members verifying compliance:**

Signature (POI):

**Click here to enter text.**

Date: **Click here to enter a date.**

Signature Head of Aircraft Operations Division :

**Click here to enter text.**

Date: **Click here to enter a date.**