

PART A – Details of Applicant and Declaration

Please complete this form in BLOCK CAPITALS using black or dark blue ink. Please read attached Submission Instructions before completing the technical sections of this form. The making of false statement for the purpose of procuring the grant, issue, revalidation, renewal or variation of any certificate, license, approval, permission or other document is an offence under the Air Navigation Act. The Civil Aviation Authority of Thailand may, in any case in which it thinks it is desirable, require the applicant to furnish such evidence as it may desire and to make and subscribe a statutory declaration as to the truth of the facts set out in the application as required by the Air Operator Certificate Requirements (AOCR).

It is mandatory to complete the questions marked with an asterisk ()*

Application Type: * Initial Nomination Amendment of Nominated Person

PART A1 – Details of Nominated Person required to be accepted *

Title:		First Name: *		Last Name: *	
Address: *					
Postal code: *		Email: *			
Telephone: *		Mobile:		Fax:	

PART A2 – Details of the Organization *

Organization Name *					
Trading Name *					
Address: *					
Postal code: *		Telephone: *			
Email: *		Fax:			

PART A3 – Nominated Position*

- Accountable Manager
- Head of Quality
- Head of Safety
- Head of Training
- Head of Flight Operations
- Head of Engineering
- Head of Ground Operations
- Other position _____

Submission Checklist	
The following evidences shall be submitted with this application form:	
I hereby confirm that the following evidences have been included with the application form	
Intention Letter	Yes <input type="checkbox"/> No <input type="checkbox"/>
Curriculum Vitae (CV)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualifications of nominated person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work experience of nominated person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relevant knowledge of nominated person	Yes <input type="checkbox"/> No <input type="checkbox"/>
Management of Change (For Amendment of Nominated Person)	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART A5 – Declaration of Applicant	
I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all submission instruction and have submitted all of the necessary documents for my application to be considered.	
Signature of Applicant	Date

PART B – For Official Use Only	
Date of receipt	
Enclosures Checked by	Name
	Position
Application	<input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Pending (fill the remark)
Remark	

Authorized Person	
Nominated Person	<input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Pending (fill the remark)
Remark	
Name – Last Name	
Signature	
Date	

SUBMISSION INSTRUCTIONS

1. Having a clear form will enable the Authority to process this nomination form more efficiently, with less risk of errors or rejections with subsequent delays to your nomination.
2. Please note that failure to submit a correctly completed form with the required supporting documents will lead to the formal rejection of your nomination by the Authority.
3. After thoroughly reviewing this instruction and the documents to submit section please send your completed nomination and supporting documentation to the Authority.