



Croatian Civil Aviation Agency

Hrvatska agencija za civilno zrakoplovstvo / Croatian Civil Aviation Agency
Ulica grada Vukovara 284, 10 000 Zagreb
Tel.: +385 1 2369 300; Fax.: +385 1 2369 301
e-mail: ccaa@ccaa.hr

DETAILS OF MANAGEMENT PERSONNEL – EASA FORM 4

Please tick appropriate box:

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

Part-147 Part-145 Part-M Part 21

2. Title / First Name / Surname / Date of birth:

3. Position within the Organisation:

4. Qualifications relevant to the item (3) position:

Attach Curriculum vitae and certificates

5. Work experience relevant to the item (3) position:

Attach Curriculum vitae and certificates

Attach relevant reference letter(s)

6. Name of Organisation and stamp:

Attach Letter of nomination for this position by Accountable Manager

7. Organisation Approval Number relevant to the item (1):

Signature of nominated person accepting the position:

Date:

**On completion, please send this form under confidential cover to the CCAA at the relevant address listed below.*



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CCAA use only	
Name, Surname & Position of authorised CCAA staff member accepting this person:	
Date:	Signature:
Stamp:	

*Once authorised, a copy of the completed EASA Form 4 must be returned to the nominee.