



MILITARY AIRWORTHINESS AUTHORITY – NORWAY

MAA-NOR Form 4

Acceptance of Nominated Management Personnel

Details of Management Personnel required to be accepted as specified in

1. Name:

Contact information

Email address:

Telephone.:

2. Position:

MAA-NOR Organisation reference number:

3. Qualifications relevant to the item 2. position:

If more space needed, please provide the required information as an attachment to this form marked **3. Qualifications of <name of Nominated Person>**.

4. Work experience relevant to the item 2. position:

If more space needed, please provide the required information as an attachment to this form marked **4. Work experience of <name of Nominated Person>**.

I declare that the Nominated Person has been evaluated and is considered capable of managing the responsibilities related to the specified role in our organisation.

Signature of
Accountable Manager _____

Date:

I declare that the form is completed accurately, and that I accept the role's responsibilities as required in the applicable regulations and as detailed in the responsibilities section of the organisation's exposition.

Signature of
Nominated Person: _____

Date:

MAA-NOR use only

Name and signature of authorised MAA-NOR staff member accepting this person:

Signature: _____

Date:

Name: Jon A. Olsen

Position: Head of MAA-NOR