|  |  |  |
| --- | --- | --- |
| C:\Users\bpatyi\AppData\Local\Temp\Temp1_TIM_cimeres_logo_EN-20220617T090746Z-001.zip\TIM_cimeres_logo_EN\JPG\TIM_cimeres_logo_FEKETE_EN.jpg | | EASA FORM 4 Details of management personnel required to be accepted  In accordance with Part-21, Part-M, Part-145, Part-147, Part-ORA and Part-ORO |
|  | |  |
|  | **Details of management personnel required to be accepted** | |
|  | [Requirement](#_Please_describe_the): Part- | |
|  | Surname: | First name: |
|  | Place of birth: | Date of birth: |
|  | Phone: | E-mail: |
|  | Position within the Organisation: | |
|  | [Qualifications](#_Please_attach_the) relevant to the item ([1.5](#_4)) position: | |
|  | |
|  | Work [experience](#_Please_attach_the) relevant to the item ([1.5](#_4)) position: | |
|  | |
|  | Organisation: | |
|  | Approval Number relevant to the item ([1.1](#_1)): | |
|  | Signature | Date |
|  | **Authority use only** | |
| Name and [signature](#_<The_signature_certify) of authorised authority staff member accepting this person: | |
| Signature  Name | Date  Office |

**Completion instructions**

|  |  |
| --- | --- |
| 1.1 | Indicate the applicable requirement relevant for the position (Part-21, Part-M/F, Part-M/G, Part-145, Part-147, Part-ORA, Part-ORO, etc.) |
| 1.6 | Detail all qualification together with their date, including secondary or higher education qualifications, qualifications obtained in a college or university, licenses and other training courses |
| 1.7 | Detail your experience related to the position together with their time period (ex.: relevant jobs, tasks, projects, flight time etc.) |
| 1.10 | On completion, please send this form under confidential cover to the competent authority. |