

Name of Nominee: \_\_\_\_\_ CAAF Licence Type and No. (if held): \_\_\_\_\_

Nomination for the Position of: \_\_\_\_\_ Fit & Proper Questionnaire submitted on: \_\_\_\_\_

	<b>Requirements</b> <i>(Applicant to be assessed on various requirements for the position).</i>	<b>Sat (S)/ Imp Rqd (IR) N/A</b>	<b>Remarks</b>
1	Managerial Experience?		
2	Courses / Training?		
3	Discuss aviation experience: refer Resume		
4	Scope of previous employment?		
5	Knowledge of internal structure of the company?		
6	Describe your responsibilities?		
7	Delegation and Responsibilities?		
8	Extent of authority for delegation?		
9	Knowledge on ANR and SD's:		
10	Explain relevant knowledge?		
11	What systems to monitor crew proficiency?		
12	What factors will determine your decision?		
13	Time for Role? (flying vs administration and staff oversight.)		
14	Medical or health issues?		
15	Knowledge of SMS systems? What do you see as your role in this?		
16	Quality Management systems. How do you see your participation in this?		
17	Staff resourcing: Your role in this?		
18	Aircraft resourcing: What considerations are considered?		
19	Financial resourcing? ( Given you do not sign cheques )		
20	And, to whom you discuss with?		
21	CAAF Audits: What areas are your responsibilities?		
22	In preparation?		
23	in Oversight ?		
24	Attitude toward Regulator?		

CAAF Assessment team comments:

SFOI (I) / (D) Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

SAO Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

FOI Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

CAS Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

CASF Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

CGS Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

GSD Rep. Sig (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_