APPLICATION FOR ACCEPTANCE OF A DESIGNATED POST HOLDER

CMR.GEN.FORM.001

1. Organisation : *Organisme :*	
2. Approval number : *Numéro d'agrément :*	
3. Name : *Nom :*	
4. Position : *Fonction :*	

5. Qualifications relevant to the item 4 position:
Qualifications pertinentes pour la fonction visée au point 4 :

6. Work experience relevant to the item 4 position:
Expérience professionnelle pertinente pour la fonction visée au point 4 :

7. Date : *Date :*		**8. Signature of the applicant** *Signature du postulant*	

Notes :

(1) Upon completion, this form shall be submitted to the Cameroon Civil Aviation Authority (CCAA), 101 Air Base, Yaoundé. An electronic copy shall also be transmitted to contact@ccaa.aero, with airworthiness.oversight@ccaa.aero copied.

(2) Use "N/A" when some answer options do not apply.