EASA Form 4



Details	of Management	Personnel	required t	o be acc	epted by th	le competent	authority:
Austro	Control GmbH /	Austria					

Please fill in the framed fields of the form, sign it and send it, depending on the type of organisation, together with attachments to: Part-147) AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, wartungslizenzen@austrocontrol.at AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, teo@austrocontrol.at AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, teo@austrocontrol.at 1 Organisation											
Type of organisati		anisation		Approval number							
2 Person											
Name of nominated person											
3 Position	·										
Position in the organisation											
4 Qualifications											
Qualifications relevant to the position as per point 3											
5 Work expe		lion oo nor naint 2									
	relevant to the posi	tion as per point 3									
	of the person										
Place	Date	Name	Signature								
Competent Author											
Competent Authority use only: Name and signature of authorised competent authority staff member accepting this person											
Office	Date	Name	Signature								