

MILITARY AIRWORTHINESS AUTHORITY – NORWAY

MAA-NOR Form 4

Acceptance of Nominated Management Personnel

Details of Management Personn	el required to be accepted as	specified in	
1. Name:			
2. Position and org. number:			
3. Qualifications relevant to the	item (2) position:		
4. Work experience relevant to	the item (2) position:		
I declare that the form is complete and as detailed in the responsibili			ilities as required in the applicable regulations
ana as aetanea in the responsioni	ties section of the organisation	гз ехрозіцоп.	
Applicant's signature:		Date:	
MAA-NOR use only			
Name and signature of authorise	ed MAA-NOR staff member a	ccepting this persor	n:
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Signature:	14.01	Date:	H. J. CAAAA NOD
Name:	Jon A. Olsen	Position:	Head of MAA-NOR