



African Civil Aviation Commission

Nomination Form

Training Activity Title

Workshop/Seminar on the Development of States' Action Plans on CO₂ Emissions Mitigation Measures and CORSIA

Dates: _____

Training Venue : _____

PART 1 (PLEASE PRINT)

Nominee's Name: _____
(Surname) (First name) (Middle name) (Sex)

M F

Mailing address: _____

Phone # with country code: _____

E-mail address : _____

Fax # with country code _____

Aviation background (check correct one):

CAA (State or Regulatory) Airport Airline Ground services

Ministry in charge of Environment

Aviation Environment Background:

Operational experience & no. of years: _____

Duties: _____

1. Current Job Title: _____ No. of Years: _____

Supervisor's name and email address: _____

Brief description of daily duties and responsibilities:

2. Aviation Environment training courses attended: (local, regional or international)

Title of course	Year

NOMINEE'S STATEMENT

(name) _____ undertake
to:

1. conduct myself at all times in a professional manner in keeping with my status as a participant in this training/workshop activity;
2. refrain from engaging in political, commercial or other activity detrimental to the host country, ICAO or AFCAC; and
3. participate fully in the training/workshop activity, including group discussions, exercises and homework assignments.

I hereby acknowledge that:

1. I am capable of writing and speaking in the language in which the training/workshop activity will be conducted; and
2. all information I have provided is true and correct.

Nominee's Signature: _____ Date: _____

PART 2 (PLEASE PRINT)

Sponsoring Organization: _____
nominates:

_____ to attend the mentioned workshop.
(Surname) (First name) (Middle name)

AFCAC/ICAO/ECOWAS/SADC sponsored training/workshop activity and in doing so, certifies that:

1. all information provided in this application is verifiable upon request;
2. it will be responsible for costs associated with transport to and from the training/workshop activity, lodging and other incidental costs;
3. the nominee is medically fit;
4. **the nominee meets any prerequisite for this training/workshop activity and/or is part of the "target" population sought by AFCAC, as outlined in the invitation letter;** and
5. the nominee will arrive for the beginning of the training/workshop activity and will be available for the entire programme.

(Signature of authorizing authority)
authority)

(Printed name of authorizing

(Title of authorizing authority)

(Date)

AFFIX OFFICIAL SEAL OR STAMP