**NOMINATION FORM**

**INTERNATIONAL CIVIL AVIATION ORGANIZATION**

**AVIATION SECURITY AUDITOR TRAINING AND**

**CERTIFICATION/RECERTIFICATION COURSE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Location:** | **Trinidad and Tobago Civil Aviation Training Centre, Port of Spain,**  **Trinidad and Tobago** | | |  |
| **Dates of Course:** | **25 June** | **to** | **3 July** | **2018** |

**PART I – NOMINATION BY GOVERNMENT**

**TO BE COMPLETED BY THE NOMINATING AUTHORITY**

|  |  |
| --- | --- |
| Name of Sponsoring Organization: |  |

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| --- | --- | --- | --- | --- | --- |
| 1. Nominates Mr./Ms. |  |  |  |  |  |
|  | (family name) |  | (first name) |  | (middle name) |
| to attend the above‑mentioned auditor training course as a:   1. Candidate for certification 2. Candidate for re-certification   Year of initial certification | | | | | |
| 2. Agrees to assume responsibility for the nominee’s transportation, accommodation and other costs to and from the course venue. | | | | | |
| 3. Certifies that the nominee is medically fit and is in possession of medical insurance coverage to meet expenses for any sickness or medical emergency during the above training.  4. Certifies that:  a) the nominee has complete fluency (both spoken and written) in English;  b) the nominee is an aviation security subject matter expert, with a minimum of three years operational experience in aviation security and extensive knowledge of aviation security using Annex 17 — *Security* as a reference and a sound knowledge of the ICAO *Aviation Security Manual* (Doc 8973);  c) appropriate background and screening checks have been conducted on the nominee to verify identity and previous experience, including any criminal history, and the nominee has been assessed as being suitable to have access to restricted documentation and for work in security restricted areas; | | | | | |
| d) it has evidence and/or personal knowledge of the truth of the statements contained in the nominee's personal history form regarding the nominee's technical and specialized training record, employment history and any auditing/technical evaluation experience; | | | | | |
| e) the nominee is actively employed or sponsored by the Appropriate Authority of an ICAO Contracting State in aviation security activities, and that any change in this status will be notified to the ICAO Aviation Security Audit (ASA) Section; and  f) upon successful certification or recertification, the nominee will, as far as is practicable, be made available to ICAO by the State to participate in at least one ICAO USAP-CMA audit per year for at least two years following certification. | | | | | |

**Signature and approval of Appropriate Authority**

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| Sponsoring Organization: |  | Date: |  |

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| Printed Name: |  | Title: |  |
| Mailing Address: |  | | |
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| Telephone: |  | Facsimile: |  |
| E-mail: |  | | |

*AFFIX OFFICIAL SEAL OR STAMP*

**PART II – NOMINEE’S PERSONAL HISTORY**

**TO BE COMPLETED BY THE NOMINEE**

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| 1. Name (in full): |  |

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| --- | --- | --- | --- |
| 2. Date of birth: |  | 3. Nationality: |  |
| 4. Job title: |  | | |
| 5. Contact work address (for mailing purposes): | | | |
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|  | |
| Work telephone number: |  |
| Home telephone number: |  |
| Mobile telephone number: |  |
| Fax number: |  |
| E-mail: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Languages Mother tongue: | | | | | | | | | |
| Other languages | Read | | | Write | | | Speak | | |
|  | Very well | Well | Fairly Well | Very well | Well | Fairly well | Very well | Well | Fairly well |
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| AVSEC experience: | Total number of years: | |
|  | Current and previous areas of security activity and responsibility: | |
|  | • Cargo and mail: Yes No  • Catering: Yes No  • Hold baggage: Yes No  • Passenger and     cabin baggage: Yes No | • Pax/bag reconciliation: Yes No  • Access control: Yes No  • Quality control: Yes No  • Contingency planning: Yes No |
|  | Scope of activity: National International | |
|  | Do you manage staff (e.g. inspectors)? Yes No | |

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| --- | --- | --- | --- | --- |
| 6. Technical and/or specialized training record: | | | | |
| Name and place of training institute | Subject(s) studied | Period | | Diploma/Certificate acquired |
|  |  | From | To |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| 7. Employment Record (indicate last five years and/or last two positions): | | | | |
| Employer (name of firm/org.) | Position Last Held | Period | | Duties/Responsibilities |
|  |  | From | To |  |
|  |  |  |  |  |

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| 8. Courses in which you have participated as an Instructor: |
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| 9. Computer knowledge/software: |
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| --- | --- |
| 10. International audits/inspections in which you have participated as a Team Member or Team Leader | |
| State/Airport | Dates |
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| 11. Other relevant experience/qualifications: |
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| 12. Nominee’s Statement:  I hereby undertake to:  a) conduct myself, at all times, in a manner compatible with my status as a participant in this course;  b) refrain from engaging in political, commercial, or any activities detrimental to the host country and the Organization; and  c) apply my newly‑acquired knowledge to further the development of the national civil aviation security programme both in my country and internationally.  I hereby acknowledge that:  a) I have complete fluency in the spoken and written language of instruction of the course;  I certify to the best of my knowledge that all the information given above is true in all respects. | | | |
| Date: |  | Nominee’s Signature: |  |
|  |  |  |  |

*Please send this form to:*

*E-mail:* [icaonacc@icao.int](mailto:icaonacc@icao.int)

*cc:* [rdelgado@icao.int](mailto:rdelgado@icao.int)

[asa@icao.int](mailto:asa@icao.int)

— END —