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| ICAO-Logo  **International Civil Aviation Organization**  Nomination Form |

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| --- | --- | --- | --- |
| Training activity title: | **Taller sobre Gestión de Riesgos** | Dates: | **28 to 31 May 2024** |
| Training Activity Location: | **Centro de instrucción en seguridad de la aviación, ASTC, Santo Domingo, República Dominicana** | | |

**PART 1** (PLEASE PRINT)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Nominee’s Name: |  | |  |  |  |  | |
| **M** | **F** | |
|  | (Surname) | | (First name) | (Middle name) |  | | |
| 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 |
|  | Catering company |  | Cargo |  | Mail |  | Aviation Security consultant |

**Law enforcement or security background (check correct one):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Private security |  | Military |  | Police | Other: |  |

**AVSEC Background:**

|  |  |  |
| --- | --- | --- |
| No. of years operational experience: | |  |
| Duties: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Current Job Title: |  | | | No. of Years: |  |
| Supervisor’s name and email address: | |  | | | |
| Brief description of daily duties and responsibilities: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| No. of staff supervised as part of your duties: | | | |  | | | |

2. **AVSEC training courses completed**: (local, regional or international)

|  |  |
| --- | --- |
| *Title of course* | *Year* |
|  |  |
|  |  |
|  |  |

**Nominee's statement**

|  |  |  |
| --- | --- | --- |
| I (*name*) |  | undertake to: |

1. conduct myself at all times in a professional manner in keeping with my status as a participant in this training activity;

2. refrain from engaging in political, commercial or other activity detrimental to the host country or ICAO; and

3. participate fully in the training 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 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 above mentioned ICAO | |
| (Surname) | (First name) | | (Middle name) |  | |
| sponsored training 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 activity, lodging, any meals not provided by the Aviation Security Training Centre (ASTC), and other incidental costs;

3. the nominee is medically fit and in possession of medical insurance coverage for any sickness or medical emergency that may arise during the above training activity;

4. the nominee meets any prerequisite for this training activity and/or is part of the “target” population sought by ICAO, as outlined in the invitation letter;

5. the nominee is currently, or will be within the next 90 days, assigned to a position that reflects the objectives of the training activity;

6. the nominee will be present for the entire event from the beginning of the training activity; and

7. the nomination form is **authorized** by the **State’s Appropriate Authority for Aviation Security** (sealed/stamped and signed below) *before* the form is submitted to ICAO.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Signature of the State’s appropriate authority) |  | (Printed name of the State’s appropriate authority) |
|  |  |  |
| (Title of the State’s appropriate authority) |  | (Date) |

***AFFIX OFFICIAL SEAL OR STAMP*** ***BY THE STATE’S APPROPRIATE AUTHORITY***