

Aerodrome Management Personnel (Post Holder) Assessment Form
(For use of the ASIs and CPM)

Name of Applicant		Name of Position	
Name of Airport		Date of Assessment	

Competency Assessment Results

No	Competency Assessment Component	Possible Marks	Marks Obtained
1	Qualification	Mandatory	Check (X) one box Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Experience	10	
3	Training	10	
4	Written Test	50	
5	Personal Interview	30	
Total		100	

Assessment Committee (Min 3 Member)	Name:	Sign:
	Name:	Sign:
	Name:	Sign:
	Name:	Sign:

Aerodrome Safety Inspector/Certificate Project Manager Recommendation

Assessment Results (Tick Mark ✓)	Competency Assessment Outcomes Remarks, if any
Accepted	
Accepted with Conditions	Condition 1: Condition 2:
Not Accepted	Reason(s) :

Competency Assessment Validation

Signature of Designated CPM:	Signature of Concerned Department Manager:
Name:
Date:	Name:
	Date:
