Aviation Security Training Centre (ASTC) Lagos Nigeria

Nomination Form

Training activity title: _____ Dates: _____

Training Activity Location: _____

PART 1 (PLEASE PRINT)

Nominee's Name: _____ ☐ **M** ☐ **F**

(Surname) (First name) (Middle name) Sex

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; and
6. the nominee will arrive for the beginning of the training activity and will be available for the entire event.

_____ _____
(Signature of authorizing authority) (Printed name of authorizing authority)

_____ _____
(Title of authorizing authority) (Date)

AFFIX OFFICIAL SEAL OR STAMP