**INVESTIGATOR’S CREDENTIAL FORM**

|  |  |  |
| --- | --- | --- |
| **NAME OF STAFF:** |  |  |
| **DESIGNATION:** |  |  |
| **DIVISION:** |  |  |
| **DATE:** |  |  |
|   | **YES** | **NO** | **COMMENT** |
| QUALIFICATION |  |  |  |
| Does the staff have a |  |  |  |
| university Degree? |  |  |  |
| Is he/she a certificate or |  |  | If YES, state License/certificate details |
| license holder? |  |  |  |
| Is the staff assigned aircraft accident and incident investigation duties? |  |  |  |
| Has the staff worked for any |  |  | If YES, how long? |
| other agency within the aviation training? |  |  |  |
|  |  |  |  |
| Has the staff done any aircraft accident investigation training? |  |  |  |
|  |  |  |  |
| Has the staff undergone Basic Accident Investigation course |  |  |  |
|  |  |  |  |
| Is your overall assessment of |  |  |  |
| the staff satisfactory? |  |  |  |
|  |  |  |  |
|  |
| Endorsed by: DoE/DoO  |
|  |  |  |
|  |
| Recommended by: DHR  |  |
|  |
| Approved by: Director General/CEO: |
|  |  |  |