

**DETAILS OF ACCOUNTABLE MANAGER AND POSTHOLDERS AS PER OTAR PART 119 or 172**

Note: A separate form is to be completed for each nominated individual.

1. Operator/Company Name:
2. Name of Nominee:
3. Position for which nominated:
4. Qualifications relevant to the position:

5. Work experience relevant to the position:

Signature: \_\_\_\_\_

Date:

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**BCAA USE ONLY**

Name and signature of authorized BCAA staff member accepting this nomination:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_