Annex I

***Questionnaire***

Name of Applicant:

Country:

1. Which category is your organization? Please check (✔) one.

|  |  |
| --- | --- |
| 1) Civil Aviation Authority | ( ) |
| 2) Airport Authority | ( ) |
| 3)Training Institution (Planning, Instructor, etc.) | ( ) |
| 4) Screening Service Provider | ( ) |
| 5) Other | ( ) |

1. How long have you been engaged in the security field of civil aviation?

Year(s) month(s)

1. What is your present position in your organization? Please check (✔) one.

|  |  |
| --- | --- |
| 1) Manager | ( ) |
| 2) Supervisor | ( ) |
| 3) Inspector | ( ) |
| 4) Others(＊) | ( ) |

＊please write down below, your present position