



The Hashemite Kingdom of Jordan
Civil Aviation Authority

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INVESTIGATION DELEGATION FORM

A	Delegated Party/ies:	
B	1. Accident / Incident record number:	
	2. Date and time of occurrence (UTC):	
C	1. Aircraft Type and Model:	2. Registration:
	3. Operator:	4. State of Operator: State of Registry:
D	Brief Description of Accident / Incident:	
E	1. Director of AAIU (name and signature):	2. Date:
F	1. Actions of Delegated Party/ies:	
	2. Date:	3. Name, position and signature:
G	AAIU comments:	
E	1. Director of AAIU (name and signature):	2. Date: