

# Issue – Renewal of a Registration Approval

GS 301

#### CIVIL AVIATION AUTHORITY OF FIJI ISO 9001:2015 Certified

1. Ap	plican	t/Aerodrome Details					
(a)	Legal name of Applicant/organization:		This certificate will be issued in this name				
(b)	Real Bear	e of aerodrome property description: ing or distance from est town or populous					
(c)	Trading name: (if any)						
(d)	Addr	ess for Service:					
	Tel:		Fax:			Email:	
						1	
	Tel:		Fax:			Email:	
(f)	Your	reference:					
				(Orc	ler number/co	ontact pers	son or other reference)
(g)		e Applicant the Owner of serodrome Site	Yes No (Go to item h)				
If the	applic	ant is <u>not the owner</u> of the	e site, p	rovide:			
• •		of rights held in relation to					
Name and address of the owner of the site and written evidence to show that permission has been obtained							

Name and address of the owner of the site and written evidence to show that permission has been obtained for the site to be used by the applicant as an aerodrome:

# 1. Reason for Application – Mark appropriate box(s)

Initial Issue: Renewal:

- 2. Questionnaire
- Yes\*
   No

   (a)
   Has the organization been convicted for any transport safety offence in the last five years or is the organization presently facing charges for a transport safety offence?
   (b)

   (b)
   Has the organization previously had an application for an aviation document rejected or has an aviation document held by the organization been suspended or revoked?
   \*If answering "Yes", please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Controller Ground Safety, Civil Aviation Authority of Fiji". Include organization name, client number (if known) and the type of certificate applied for.

# **3.** Aeroplanes for which the aerodrome facilities are intended

Aeroplanes having a certificated seating Capacity in excess of 30 passengers

Aeroplanes at or below 5700 kg maximum Certificated take-off weight Aeroplanes above 5700kg maximum certificated take-off weight

Helicopters

# 4. Aerodrome Limitations

Brief summary of any limitations on the use of the aerodrome that arise from the aerodrome design, or the facilities or services intended at the aerodrome – Ref. SD-AD Chapter 2.2 and 2.9.5(5)

# 5. Senior Persons

For initial issue or for a change of Senior Persons, a separate form GS 303 must accompany this application for each of the senior persons nominated below.

List of Senior Persons and their areas of responsibility – Ref. SD-AD Chapter 4.3.1

#### 6. Aerodrome Data

(To be completed by an approved person as prescribed in SD-AD. Aerodrome Data must be derived in accordance with SD-AD, Chapter 5: Aerodrome Information for AIP)

**Note:** Application must be accompanied by a report prepared by an approved person as prescribed in SD-AD, confirming that the information provided overleaf is accurate and that the aerodrome meets the applicable safety standards.

**Report on Aerodrome Data by Approved Person** (as prescribed in SD-AD)

6a. Aerodrome Diagram (to be attached to this form)							
This diagram depicts the following:							
(i) The runway layout, their magnetic bearing and land length in metres;							
(ii) The layout of the taxiways and aprons;							
(iii) The location of the aerodrome reference point;							
(iv) The location of the wind direction indicators, both lit and unlit;							
(v) The elevation of the aerodrome (the highest point on the landing surface in feet);							
(vi) For instrument runway, the elevation of the mid-point of each threshold; and							
(vii) The magnetic bearing and distance to the nearest city/town or population center.							
6b. Aerodrome Location: Latitude: Longitude:	Longitude:						
(ARP) in WGS84							
<b>6c. Aerodrome Administration</b> (Provide the following information on the aerodrome owner.)							
Name of Aerodrome:							
Name of Aerodrome Operator:							
Address:							
Telephone (B/H):     (A/H):     Fax:     Email:	Email:						
Is this Aerodrome Open to Public? No Yes	Yes						
Are there Landing Charges? No Yes							
If open to the public, who is (are) the Aerodrome Reporting Officer(s)?							
Name: Tel (B/H): Tel (A/H):	/H):						
<b>6d. Runway Details</b> (For each runway, provide the following. Add a page if there is more than one runway.)							
Runway Designation: Runway Reference Code:	Runway Reference Code:						
Runway End:   TORA:   TODA:   ASDA:   LDA:	LDA:						
Runway End:   TORA:   TODA:   ASDA:   LDA:	LDA:						
Runway Width:         Runway Slope:         Runway Strip Width (graded):         Runway Strip Width (overall):	Runway Strip Width (overall):						
STODA:							
Runway End:         1.6%:         1.9%:         2.2%:         2.5%:         3.3%:         5.0%:							

2.2%:

**Pavement Rating:** 

2.5%:

3.3%:

Pavement Surface Type:

1.9%:

1.6%:

Runway End:

5.0%:

(ACN/PCN):

<b>6e. Aerodrome Lighting:</b> (For each runway equipped with lighting, provide the following. Add extra pages if there is more than one runway with lighting.)						
Runway Designation:						
Light Intensity:	Low	Medium	High			
Approach Lighting Provided:	Yes	No				
Pilot activated Lighting (PAL) Provided:	Yes	No	Frequency:			
PAPI Provided:	Yes	No	Type & Location			
Aerodrome Beacon Provided	Yes	No	Type & Location			
Standby Power Provided	Yes	No	Type & Location			
Portable Lights: Yes		No				
Any other lighting, specify:						
6f Ground Services (Provide the following information on services available to pilots)						
Fuel Type			Supplier			
Tel: (B/H)			(A/H)			
Met Facilities Available:	Yes		Νο			

Met Facilities Available:	Yes		No			
TAF Category:	AWIS Phone Nu		AWIS Frequency:			
CTAF or MBZ available:	Yes		Νο			
CTAF:	MBZ:	UNICO	M:	AFRU:		
Navaid Facilities Available:			Yes		No	
Туре:	Identification. Code:		Coordinates:		Range:	
Monitoring:						
ATS Communication Facilitie	s Available:					
		Yes			No	
FIA:	On Ground:		Circuit:			
Passenger Facilities Availabl	е:					
		Yes			No	

**6g. Special Procedures:** (Provide the following information about any special procedures that pilots need to observe or follow.)

Special Procedures Apply:	Yes	No			
6h. Notices (Provide the following information on any local safety information)					

Details of any Obstacles:	
Details of any Hazards (e.g. Birds or animals):	
Details of any restrictions on the use of Taxiways or Aprons:	
Details of any other activities at the aerodrome (e.g. Sport aviation activities):	
Approved person's signature:	Date:

# 7. Declaration

This application is made for and on behalf of the applicant or organization identified above. I certify that I am empowered by the applicant or organization to ensure that all activities undertaken by the applicant or organization can be financed and carried out in accordance with the standard required by the Authority.

I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct. **Full name of (proposed) Authorised person** 

Signature of (proposed) Authorised person:

Date of application:

Client No (if known):

#### Notes:

The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17A (5) and (6) of the Civil Aviation Authority Act 1979 and is subject, in the case of a body corporate, to a maximum fine of \$50,000.

The Completed application, together with the appropriate supporting Aerodrome Certification Manual, should be submitted to:

### Controller Ground Safety Civil Aviation Authority of Fiji (CAAF) Private Mail Bag NAP 0354 Nadi Airport Fiji

# OFFICE USE ONLY

- 1. Received by:
- 2. Date Received:
- 4. Completed by:

- 3. Job No:
- 5. Certificate Issue date: