# Applicant for Water Landing Site (WLS)

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| --- | --- | --- | --- |
| (a) | Legal name of  Applicant/organization: |  | |
| This certificate will be issued in this name | |
| (b) | Name of WLS |  | |
| (c) | Trading name: (if any) |  | |
| (d) | Address for Service: |  | |
|  | |
|  | |
| Tel: | Fax: | Email: |
| (e) | Postal Address: (if different from Address for Service) |  | |
|  | |
|  | |
| Tel: | Fax: | Email: |
| (Order number/contact person or other reference) | | |

# Reason for Application – Mark appropriate box(s)

Initial Issue: Renewal:

# 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) | 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. | | |

# Aeroplanes for which the WLS facilities are intended

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| --- | --- | --- | --- |
| Largest aeroplane authorised to use the WLS |  | MAUW | (kg) |

# Water Landing Site Limitations

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| Brief summary of any limitations on the use of the WLS (arising from the WLS design, or the facilities or services intended at the WLS) |
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# Accountable Person

For initial issue or for a change of the Accountable person, the appropriate nomination and fit and proper person forms must accompany this application.

|  |  |  |
| --- | --- | --- |
| Accountable Person Name: | | |
| Position: | | |
| Email address |  | Phone contact: |
| Signature: |  | |

# Aerodrome (WLS) Details

|  |  |
| --- | --- |
| WLS Diagram (to be attached to this form). Diagram to depict; the location of the WLS, location of the wind direction indicators, magnetic bearing and distance to the nearest city/town or population center. | |
| WLS Location in WGS84: (Lat/Long) | |
| **Type of Operations:** - Commercial Air Transport  Private Use /General Aviation Aerial Work | |
| Type of Platforms:  Attached  Floating | Number of Platforms intended to install: |
| Bearing and distance from nearest Island or populous area:      Distance from shoreline to the platform | |
| Is the platform to be moved from the original position after installation  Yes  No. If yes, provide the number of moorings: | |
| Existing no of platforms at the same location under the same license: | |
| Does any public or private right of way exist on or near the proposed aerodrome?  Yes  No | |
| If there is risk of interference with private rights? Submit details of agreement made with the holder of the rights for the use of the site as WLS | |
| Is the applicant the Owner of the WLS site:  Yes  No. | |
| Details of rights held in relation to the site: | |

# 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 standards 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 Authorised person:

Signature of Authorised person



|  |  |
| --- | --- |
| Date of application:Click or tap to enter a date. | Client No (if known): |

**Note:**

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 documents/manuals, to 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:Click or tap to enter a date. |
| 3. Job No: | 5. Certificate Issue date: Click or tap to enter a date. |
| 4. Completed by: | |

|  |  |
| --- | --- |
| **PLEASE SUBMIT THE FOLLOWING, WITH THIS APPLICATION:** | **FOR OFFICIAL USE ONLY:** |
| Drawing of the WLS and adjoining areas.   * The location of the WLS; * The location of the wind direction indicators; * The magnetic bearing and distance to the nearest city/town or population center |  |
| Documentation showing ownership of the WLS site.  The owner, for purpose of this permit, is the person with the authority to possess the facility |  |
| CA107A Form; Application for Accountable Person |  |
| CA107B or CA107C Form; Fit and Proper Person Form/Declaration |  |
| WLS Operating Procedures including Emergency Response Procedures |  |
| Where applicable; Documentation showing approval of the WLS platform from a registered Engineer as appropriate |  |
| Where applicable; Documentation showing approval from the Maritime Safety Authority of Fiji |  |
| For establishment of a new WLS; an Environmental Impact Assessment where required. The Ministry of Environment to be consulted in this regard and documentation provided accordingly. |  |