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| **PLEASE PRINT OR TYPE** | | | |
| 1. **HELICOPTER LANDING SITE (HLS) INFORMATION** | | | |
| **HELICOPTER LANDING SITE NAME** |  | | |
|  | *This name will appear in the Registration Approval* | | BUSINESS PHONE NUMBER |
| **GEOGRAPHIC COORDINATES OF HELICOPTER LANDING SITE**  **LATITUDE**     °       '     "S. **LONGITUDE**       °      '      "E. | | | |
| 1. **OWNER INFORMATION**  |  |  |  |  | | --- | --- | --- | --- | | Legal name of  Applicant/organization: | |  | | | *The Registration Approval will be issued in this name* | | | Trading name: (if different from above) | |  | | | Address for Service: | |  | | |  | | |  | | | Tel: | Fax: | | Email: | | Postal Address: *(if different from Address for Service)* | |  | | |  | | |  | | | | | |
| |  |  |  | | --- | --- | --- | | PROPERTY IS CONTROLLED BY: | | | |  |  |  | | State (Crown Land) Lease | Native Lease; Length of Lease | Freehold; CT | |  |  |  |   **3. Application for:**   |  |  | | --- | --- | |  | Initial Issue:  Renewal: |   **4. Helicopters for which the HLS facility is intended**   |  |  | | --- | --- | | Largest helicopter type identified to use HLS |  |   **5. Helicopter Landing Site Limitations**   |  | | --- | | Brief summary of any limitations on the use of the HLS that arise from the HLS design, or the facilities or services intended at the HLS | |  | |  | |  | |  | |  | |  |   **6. Accountable Person**  *For initial issue or for a change of Accountable Person, a separate form CA 107A and CA107B must accompany this application.*   |  |  |  |  | | --- | --- | --- | --- | | Accountable Person Name: | | | | | Position: | | | | | Email address |  | Phone contact: |  | | Signature: | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **7. HLS Data**  **7a. HLS Diagram** (to be attached to this form)  This diagram depicts the following:   1. The location of the HLS; 2. The location of the wind direction indicators; 3. The elevation of the HLS (the highest point on the landing surface in feet); and   The magnetic bearing and distance to the nearest city/town or population center. | | | | | | **7b. HLS Location: (ARP) in WGS84** | Latitude: | | | Longitude: | | **7c. HLS Administration**  Type of Operations: | | | | | | Commercial Air Transport | | Private Use /General Aviation | | Aerial Work | | HLS Reporting/Contact officer | | | | | | Name: | | Tel: | Email: | |   **8. Questionnaire**   |  |  |  |  | | --- | --- | --- | --- | |  | | **Yes** | **No** | | 1. Has the organization been convicted of any transport safety offence in the last five years or is the organization presently facing charges for a transport safety offence? | |  |  | | 1. 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 a separate sheet(s) | | | | | | |
|  | | | |
| **I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO SUBMIT THIS APPLCIATION.** | | | |
| OWNER OR AGENT SIGNATURE | | TITLE: | |
| PRINT NAME: | | DATE: Click or tap to enter a date. | |
| SEND COMPLETED APPLICATION AND ALL NECESSARY DOCUMENTS (SEE BACK OF THIS FORM) TO:  **CONTROLLER GROUND SAFETY, CAAF, PRIVATE MAIL BAG, NAP 0354, NADI AIRPORT, FIJI** | | | |
| **OFFICE USE ONLY**   |  |  | | --- | --- | | 1. **Received by:** | 1. **Date Received:**Click or tap to enter a date. | | 1. **Job No:** | 1. **Certificate issue date:**Click or tap to enter a date. | | 1. **completed by:** |  | | | | |

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| **PLEASE SUBMIT THE FOLLOWING, WITH THIS APPLICATION:** | **FOR OFFICIAL USE ONLY:** |
| Drawing of the HLS and adjoining areas. |  |
| * The location of the HLS; |  |
| * The location of the wind direction indicators; |  |
| * The elevation of the HLS (the highest point on the landing surface in feet); and |  |
| * The magnetic bearing and distance to the nearest city/town or population center |  |
| Documentation showing ownership of the HLS site.  The owner, for purpose of this permit, is the person with the authority  to possess the facility |  |
| CA107A Form; Application Accountable Manager/Senior Person form |  |
| CA107B or CA107C Form; Fit and Proper Person Form/Declaration |  |
| HLS Operating Procedures including Emergency Response Procedures |  |
| Where applicable; Documentation showing approval of the plan for  construction from DTCP and a registered Engineer as appropriate |  |
| For construction of a new HLS – Environmental Impact Assessment |  |