|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Air Transport Operations by a Foreign Operator – Initial/Renewal/Variation (Delete as applicable)**  **(To be completed by a foreign air operator for an approval to conduct operations in Fiji)**  **Section 1. To be completed by air operator** | | | | | | | | | | | |
| **A** | | | | | | | | | | | |
| 1. Company registered name and trading name if different. Address of company: mailing address; telephone; fax; and e-mail. | | | | | | | | 2. Address of the principal place of business including: telephone; fax; and e-mail. | | | |
| 3. Proposed Start Date of Operations:  Click or tap to enter a date. | | | | | | | | 4. ICAO 3-letter Designator for aircraft operating agency: | | | |
| 5. Operational Management Personnel | | | | | | | | | | | |
| Name | | | Title | | | | Telephone, fax and e-mail | | | | |
|  | | |  | | | |  | | | | |
| **B. Type of approval requested -** | | | | | | | | | | | |
| 6. Air operator intends to conduct commercial flights to and from aerodromes in Fiji | | | | | | | | | | | |
| 7. Air Operator proposed types of operation: | | | | | 8. Geographic areas of intended operations and proposed route structure: | | | | | | |
| Passengers and Cargo  Cargo Only  Scheduled Operations  Charter Flight Operations  Dangerous Good | | | | |  | | | | | | |
| **C.** | | | | | | | | | | | |
| 9. Provide location on board or provide separate documentation where individual aircraft nationality and registration marks are listed as part of the aircraft fleet operated within Fiji territory under the air operator certificate:    Provide following information: | | | | | | | | | | | |
| **Aircraft Type  (**make, model and series, or master series) | RVSM-3  Approval | ETOPS-3 | | GNSS3 | | RNP3 | PBN3 | | RNAV3 | Noise-4 Certification (Annex 16 Ch.) | Remarks |
|  |  |  | |  | |  |  | |  |  |  |
|  |  | |  | |  |  | |  |  |  |
|  |  | |  | |  |  | |  |  |  |
|  |  | |  | |  |  | |  |  |  |
|  |  | |  | |  |  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Attach copies of:  Air Operator Certificate and associated operations specification;  Insurance certificate;  In case of wet-lease of aircraft: approval of CAA of the state of operator , with identification of the operator that exercise operational control on the aircraft; and  Permit issued by the minister under the civil aviation (Licensing of Air services) Regulations  **I declare that the information supplied by me in this application form is true, correct and complete** | | | |
| Signature of operator representative: | Date  Click or tap to enter a date. | | Name and title |
| Section 2. To be completed by the CAAF | | | |
| Evaluated by (Name and Title) | | CAAF Decision:  Approval granted  Not approved | |
| Remarks: | | | |
| Signature of CAAF representative: | | Date  Click or tap to enter a date. | |

**Note: 3 As approved by the State of the Operator 4 As approved by State of Registry**

**4 As approved by state of registry**