**IMPORTANT**

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji.

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| **SECTION 1** | **PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)** |

Full Name (Surname first):

Licence Number:

Postal Address:

Contact Details /Telephone:

Fax:

Email:

|  |  |
| --- | --- |
| **SECTION 2** | **VERIFICATION DETAILS** |

1. *CAAF provides Licence Verification for individual licence holders by two methods:* 
   * *Verification Letter - to applicant confirming licence details (letter sent to Postal Address detailed below)*
   * *Verification Report - emailed directly to overseas Authority*
2. *Applicants must provide consent to release information directly to third party and confirmation of Identity*

**I hereby apply for the following:**

Verification Letter (Posted to Applicant); or

Verification Report (Emailed directly to overseas Authority)

For Verification Report - provide details of overseas Authority i.e. name of contact person, Position and Email address

|  |  |
| --- | --- |
| Authority: | Name: |
|  | |
| Position: | Email: |

|  |  |  |
| --- | --- | --- |
| **For Official Use Only** | | |
|  |  | **Calculation** |
| **Fee** |  |  |
| Part: |  |  |
| Item: |  |  |
|  |  |  |
|  |  |  |
| Receipt No. |  |  |
| Date: Click or tap to enter a date. | | |
| Checked:    Signature A white square with a blue border  AI-generated content may be incorrect.  Date: Click or tap to enter a date.… | | |

**Fees**

Application Fee(Refer to Civil Aviation and charges) Regulation

**Confirmation of Identity**

Certified copy of passport, or  Certified copy of Birth certificate

**Send this completed and signed form to:**

Civil Aviation Authority of

Private Mail Bag

NAP 0354

Nadi Airport

Republic of Fiji

Email: [Licensing@caaf.org.fj](mailto:Licensing@caaf.org.fj) Facsimile: (679) 6425125

|  |  |
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| **SECTION 3** | **DECLARATION AND CONSENT** |

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct. I hereby authorise such information to be disclosed by the CAAF to indicated

person indicated in Section 2 of this form.

Signature of Applicant:  Date: Click or tap to enter a date.

**ALLOW 10 WORKING DAYS FROM DATE OF RECEIPT AS PER PROVISION OF CAAF SERVICE CHARTER**