**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, together with the documents required under Section 2 and personal Flying Logbook. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 *Forgery, etc., of documents,* of the Air Navigation Regulations.

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

Full Name (Surname first):

Licence Number:

Address to which licence is to be returned:

contact number:

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| **SECTION 2** | **APPLICATION** |

**I hereby apply for the renewal of :**

**CPL(A)**  **ATPL(A)**  **Instrument Rating**

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| **CERTIFICATION OF TEST**  I, the undersigned, being a person approved by the Civil Aviation Authority of Fiji, in respect of ANR 57, for the purpose of conducting tests in respect of aircraft ratings and instrument rating certificates of test certify that on  (date)       I witnessed  Captain  F/O.       pass an aircraft rating flight test and/or an instrument rating flight test (tick applicable box) in a CAAF approved flight simulator reference       (insert simulator code reference) and/or aeroplane type      Registration mark      in accordance with the Laws of Fiji, CAP 174, ANR 61 and 64.  Name :  CAAF Approved Examiner No:  Licence Number:  Date: Click or tap to enter a date.  Signature : |

**ALLOW 3 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE CHARTER**

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| **SECTION 3** | **FIT AND PROPER PERSON** |

**THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 53 (2) OF THE AIR NAVIGATION REGULATIONS 1981 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON.**

1. Have you previously had an application for an Aviation Document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence?

1. Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?

1. Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence ?

1. Have you any history of physical or mental health or serious behavioural problems ?

If answering “YES” to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked ***“Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name***, and attach to this application.

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| 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)(b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application. |

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 the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application, to the Chief Executive, Civil Aviation Authority of Fiji.

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| Signature of Applicant: A white square with a blue border  AI-generated content may be incorrect. | Date: Click or tap to enter a date. |
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| **FOR OFFICIAL USE ONLY** |  |  |  | |
| Examiner authority checked    ACCEPT    REJECT because :    Signature A white square with a blue border  AI-generated content may be incorrect.  Date Click or tap to enter a date. |  |  |  | **Calculation** |
| **Fee** |  |  |  |
| Part: |  |  |  |
| Item: |  |  |  |
| Time :  From | |  |  |
|  | To |  |  |
| Travel:  From | |  |  |
|  | To |  |  |
| Transport |  |  |  |
| Accommodation |  |  |  |
| Overhead |  |  |  |
| Receipt No. |  |  |  |
| Date : Click or tap to enter a date. | | | |

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