**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 and personal Flying Log Book. 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.

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

* Full Name (Surname first) Quality2025

FTP or Licence Number

Address to which licence is to be returned,

and contact number

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

I hereby  ISSUE  RENEWAL of a Private Pilot's Licence (aeroplanes).

Evidence of the following is also attached in support of this application:

**Medical Fitness**

a current class 1 or 2 (Minimum) medical examination conducted by a CAAF approved AMA

(including audiogram, electro-cardiogram and any other test deemed necessary by the medical examiner)

**Knowledge (INITIAL ISSUE ONLY)**

a pass in the Fiji Air Law Examination, **and**,

produce evidence of having passed all written examinations required for the issue of a Private Pilot’s

Licence (Aeroplanes) by CAAF

Produce evidence of language proficiency assessment level (if necessary, undergo assessment)

**Skill**

logbook certification by a Fiji Flight instructor that the applicant has satisfactorily completed a cross

country flight (150 NM) **(INITIAL ISSUE ONLY)**, **and**;

a pass in the Private Pilot’s Licence Flight Test under Section 4 of this form conducted by a CAAF authorised flight examiner **(ISSUE AND RENEWAL)**

**Fees** (Refer Civil Aviation (Fees and Charges) Regulation)

PPL Flight Test Fee and  the licence issue fee **(INITIAL ISSUE ONLY)**

**Photograph (INITIAL ISSUE ONLY)**

one passport size colour photograph

**Proof of Identification (INITIAL ISSUE ONLY)**

Passport, or Birth Certificate together with Photo ID

**Police Clearance (INITIAL ISSUE ONLY)**

Police Clearance

**ALLOW 5 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 17(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

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

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| **SECTION 4** |  | **DECLARATION OF TRAINING AND PROFICIENCY (INITIAL ISSUE ONLY)** |

This applicant has satisfactorily completed a course integrating ground and flying training the following aspects of operation:

3.1 Use of all the equipment, including Flight Instruments, which are the responsibility of the pilot.

3.2 Performance of normal, abnormal, alternate and emergency drills and under Flight conditions as defined in the relevant Flight Manual or Operating Handbook including weight and balance and trim sheet calculations.

3.3 Passed an Oral examination on the required knowledge for issue of a Private Pilot's Licence (Aeroplanes).

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

|  |  |
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| Pilot in charge of training or CFI for: | (Company) |
|  |  |
| Name (in BLOCK CAPITALS) | Licence No and Type |

|  |  |
| --- | --- |
| **SECTION 5** | **CERTIFICATE OF FLIGHT TEST FOR PRIVATE PILOT’S LICENCE (AEROPLANES)** |

|  |  |  |
| --- | --- | --- |
| Surname: | First Names: | Location: |
|  | | |
| Aeroplane  Type: | Registration: | Flight Time: |

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct Private Pilot's Licence test, hereby certify that I have flown in an aeroplane with the above at the controls and that the applicant carried out satisfactorily\* and unassisted, under the conditions stated, the exercises, manoeuvres and drills below: \*(See Note 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PHASE 1 GENERAL KNOWLEDGE** | |  |  | **PHASE 2 CONTINUED** | |
| 1. A/C Documentation |  |  |  | **PILOTING TECHNIQUE - VISUAL** | |
| 2. A/C Performance |  |  |  | 9. Turning – medium; climbing, descending, steep, steep-gliding, Max Rate |  |
| 3. Weight and Balance |  |  |  | 10. Stall recovery; Basic Stall, Power + Flap, wing drop |  |
| 4. Fuel requirements and management |  |  |  | 11. Forced landing without power |  |
| 5. Emergency Equipment |  |  |  | 12. Low Flying, Poor Visibility |  |
| 6. Weather Interpretation |  |  |  | 13. Forced Landing with power |  |
|  |  |  |  |  |  |
| **PHASE 2** | |  |  | 14. Circuit Joining Procedure – CVFR or non radio |  |
| **PILOTING TECHNIQUE - VISUAL** | |  |  | 15. Flap use or side slip technique |  |
| 1. Pre-flight inspection |  |  |  | 16. Approach and Landing: |  |
| 2. Engine Start/Warm/Checks |  |  |  | i) Landing in minimum distance AT OPS |  |
| 3. Taxi/Brake/Inst Checks |  |  |  | ii) Flapless |  |
| 4. Pre-Take-off / Run Up Checks |  |  |  | iii) Cross wind |  |
| 5. T/O Normal / X-Wind / Max Perf |  |  |  | 17. Missed approach/overshoot (below 50 ft) |  |
| 6. EFATO Technique |  |  |  | 18. ATS/Radio Procedures |  |
| 7. Climbing and Descending |  |  |  | 19. Airmanship: |  |
| 8. Straight and Level |  |  |  | i) Pilot Judgement |  |
|  |  |  |  | ii) Look out |  |

Note: All exercises ± ¼ Ball deflection slip or skid Assessment Code: ✓ = Pass 🗴 = Fail NT = Not Tested

COMMENTS:

|  |  |  |
| --- | --- | --- |
| Name of Flight |  |  |
| Examiner |  |  |
| (Print): | Licence: | Number: |

Certified that this report is an accurate assessment of the test carried out

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

|  |  |
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| **SECTION 6** | **FLYING EXPERIENCE** |

I have had the following flying experience as recorded in my personal Pilot’s Flying Logbook:

6.1 **Minimum Flying Experience ( ) Totals**

|  |  |
| --- | --- |
| * Total flight time in aeroplanes **(40)** |  |
| * Flight time as pilot in command in aeroplanes **(10)** |  |
| * Cross country flight time as pilot in command in aeroplanes **(5)** |  |
| * (At least one cross country flight of not less than 150 nm with a full stop landing at 2 different aerodromes) |  |
| * Minimum flying training under a qualified instructor in an aeroplane fitted with dual controls in the appreciation of instrument flying including an introduction to the subject and demonstration under simulated IMC (1) |  |

Signed:  Date: Click or tap to enter a date.

|  |  |
| --- | --- |
| Flight times Certified correct | by Chief Flight instructor of |
| Name in BLOCK CAPITALS | Licence number and type |

**GENERAL NOTES**

1. ‘Night’ means the hours between 15 minutes after sunset and 15 minutes before sunrise.

1. ‘A circuit’ is the flight path around an aerodrome at a specified height which facilitates an aircraft’s positioning from a point on the take-off path of a given runway to a point, on the approach path of the same runway, from which a landing can be made.

1. ‘Satisfactorily’ means that the applicant is in full control of his aeroplane at all times and that the successful outcome of a manoeuvre is never in doubt. ‘Unassisted’ means without verbal prompting or physical assistance with the flying controls.

1. In the aeroplane ‘Simulated engine failure’ means with throttle lever set to idle so as to represent a failed engine as nearly as possible. The accelerate-stop tests required by this Form should be carried out in the aeroplane. Simulated engine failure should be initiated at a speed, which will not hazard the safety of the aircraft.

1. The licence validity will date from the completion of this test.

1. Only persons holding written authorisation from the Civil Aviation Authority of Fiji in respect of the aeroplane used for this test may sign for the satisfactory completion of any test on this form.

1. This issue of CAAF Form **PL 103A** is for use in respect of **Private Pilot's Licence (Aeroplanes)**. Applications for the supply of this form should be made to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, telephone (679) 8923155.

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| **For official use only** |

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|  |  |  | **Calculation** |
| **Fee** | |  |  |
| Part: | |  |  |
| Item: | |  |  |
| Time : From | |  |  |
| : To | |  |  |
|  |  |  |  |
| Travel: From | |  |  |
| To | |  |  |
| Transport | |  |  |
| Accommodation | |  |  |
| Overhead | |  |  |
| Receipt No. | |  |  |
| Date : Click or tap to enter a date. | | | |

|  |
| --- |
| 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. |