

**Complete application form (2 pages) and**

(a) DME certification on ability to perceive correctly red, green, white colors and no mobility disability, hearing or speech defect that interfere with safety of duties.

(b) **Initial issue of licence/rating** – Evidence that required training has been satisfactorily completed meeting the SD-Aeronautical Facility Technician's Licence, certified Rating Board Examination Results and a passport size photograph.

**Renewal of Licence** – Provide results of Licence re-validation examination.

Attach  
Photograph  
Here

**Note: Submit application 2 weeks in advance to allow time for processing.**

2cmx2.5cm

<b>The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.</b>	
(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked ( <i>other than a licence that has been superseded by a replacement</i> )? If "yes", please give details: -	Yes No
(b) Have you been subjected to a "stand-down" from solo technical duties? If "Yes", please give details: -	Yes No
(c) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence such as driving under the influence of alcohol or drug (including Kava)?	Yes No
(d) Have you been convicted in any court on any criminal charge or are you presently facing charges for any criminal offence?	Yes No
(e) Have you any history of physical or mental health or serious behavioral problems?	Yes No
<b>**If answering "Yes" to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Controller of Ground Safety, Civil Aviation Authority of Fiji". Include name and Licence applied for.</b>	

<b>TO BE COMPLETED BY APPLICANT</b>		<i>(Tick applicable box ✓ below)</i> <i>(* Delete as applicable)</i>	
<b>First Name</b>		<b>Middle Name</b>	
		<b>Surname</b>	
<b>Address:</b>		<b>Licence Re-Validation or Rating Competency Results</b>	
<b>Phone No</b>	(Res.)	(Wk.)	Marks: Afl: % Papi: %
<b>Nationality:</b>			S/by: PBB: %
<b>Country of Birth:</b>			Pass Fail
<b>Date of Birth:</b>			Date of Examination:
<b>Medical Exam Date:</b>			Employer's Name:
Pass Fail			<b>English Language Proficiency Level:</b>
(Submit original copy of report)			1 2 3 4 5 6 (tick)
<b>LICENCE APPLIED FOR –</b>			<b>RATINGS APPLIED FOR –</b>
Aeronautical Facility Technician's Licence (AFTL)			PAPI APP LTS
Aeronautical Facility Technician Trainee Permit			Other Visual Aids
			Standby Generator/Control System
			Aerobridge
New Licence	Renewal / Replacement		Licence No:
<b><u>Equipment model if applied for following: -</u></b>			
PAPI:			
Standby Generator Plant/Control System:			
State qualifications and provide evidence if new addition: -			
Wire-man Licence Ring Mains High Voltage Certificate Electrical Diploma			
Others (specify):			

<b>Declaration</b>	
<p>I certify that the above information is correct that the enclosed copies of my personal documents are authentic and that the information provided is true and correct. I further authorize the Authority to use the information concerning me on this form or attached hereto for any purpose as required or authorised by law. I further authorize such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority</p> <p>I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Authority.</p>	
<b>Applicant's Signature:</b>	<b>Date:</b>

**BELOW IS FOR OFFICIAL USE ONLY**

Fees	Receipt No.	Receipt Date	Medical Results	Fit & Proper	Licence No:
			Y N Conditional	Y N C	

**Application received and checked:**

Licensing Officer Signature

Date

**Endorsing Inspectorate Officer:**

Signature:

Date:

**Approving Officer:**

Signature:

Date: