# Complete application form (2 pages) and -

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

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| Attach Passport size  Photograph of applicant (signed at back of photo). |

1. **Initial issue of licence/rating** – Evidence that required training has been satisfactorily completed meeting Standards Document-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.

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

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| **TO BE COMPLETED BY APPLICANT** | | ***Tick applicable box below*** | | | **\* *Delete as applicable*** |
| **First Name:** | | **Middle Name:** | | | **Surname:** |
| **Address**: | | | **Licence Re-Validation or Rating Competency Results**  **Marks:**     **%**  **Pass  Fail**  **Date of Examination:** Click or tap to enter a date. | | |
| **Phone No:**  **Work No:**  **Resident No:** | | |
| **Nationality:**        **Male/Female:** | | |
| **Birth Date:** Click or tap to enter a date. | | | **Medical Exam Date :** Click or tap to enter a date.  **Pass  Fail**  (submit original report) | | |
| **Employer:** | | | **English Language Proficiency Level:**  **1  2  3  4  5  6  (tick)**  **Evaluation Date:** Click or tap to enter a date. | | |
| **LICENCE APPLIED FOR  New**  **Renewal\*** | | | **Licence No:** | | |
|  | Aeronautical Facility Technician’s Licence (AFTL) | |  | Aeronautical Facility Technician Trainee Permit | |
| **The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.** | | | | | |

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| (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you been the holder of an aviation document that has been suspended or revoked *(other than a Licence that has been superseded by a replacement)*?  If “yes”, please give details: | | | | | | | | | | Yes  No | |
| (b) Have you being 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 | |
| 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. | | | | | | | | | | | |
| **This Part to be completed if the Licence applied for includes VHF/HF radio equipment as testing of radio transceivers is required.** (Applicant must be meet ASOL requirements as per SD-ATSPL) | | | | | | | | | | | |
| 1. Do you hold a valid Aeronautical Station Operators Licence? Submit a copy   Yes  No | | | | | | | | | | | |
| **Ratings Applied for**  **CNS**  **Air Traffic Services**  **Security** | | | | | | | | | | | |
| **Equipment:** | | **Model** | **Site** | **Equipment:** | | **Model** | **Site** | **Equipment:** | **Model** | | **Site** |
|  | ILS/DME |  |  | HF | |  |  | HBS |  | |  |
|  | CVOR |  |  | VHF/ATIS | |  |  | CXS |  | |  |
|  | DVOR |  |  | ATM  facility | |  |  | WTMD |  | |  |
|  | DME |  |  | AFTN/  AMHS | |  |  | CCTV |  | |  |
|  | NDB |  |  | DVL | |  |  | ETD |  | |  |
|  | ADS-B |  |  | VCS | |  |  | Others |  | |  |
| **Aeronautical related qualifications** *(provide evidence)*:  Audit/Lead Auditor  Approved Examiner | | | | | | | | | | | |
| **OJT Instructor (*Specify facility)*** | | | | |  | | | | | | |
| **Classroom Instructor *(Specify)*** | | | | |  | | | | | | |

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| **Declaration**  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 authorised 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 authorised such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority  I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Authority.  **Applicant’s Signature:  Date:** Click or tap to enter a date. | | | | | | |
| **BELOW IS FOR OFFICIAL USE ONLY** | | |  | | | |
| **Fees** | **Receipt No.** | **Receipt Date** | | **Medical Results** | **Fit & Proper** | **Licence No** |
|  |  | Click or tap to enter a date. | | **Y  N  C  (Conditional)** | **Y  N  C** |  |
| **Application received and checked:**    **(Licensing Officer Signature)**  Date: Click or tap to enter a date. | | | | | | |
| **Endorsing Inspectorate Officer:**    Signature: Date: Click or tap to enter a date. | | | | | | |
| **Approving Officer:**        Signature: Date: Click or tap to enter a date. | | | | | | |