# 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 sizePhotograph 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*** [x]  | **\* *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you been the holder of an aviation document that has been suspended or revoked *(other than a Licence that has been superseded by a replacement)*?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. |