

SURNAME (BLOCK CAPITALS):

(i) Date of Birth:

OTHER NAMES:

(ii) Nationality:

PERMANENT ADDRESS:

TELEPHONE NO:

ADDRESS FOR USE WITH THIS APPLICATION:

Name of Employer:

Date of Joining:

Employed at:

Telephone No:

1. Give details of ALL previous applications made for the grant or extension of an Aeronautical Maintenance Certificate (AMC).

| Approximate date | Modules | Was application accepted? | Results of examination |
|------------------|---------|---------------------------|------------------------|
| | | | |

2. Fill in below details of AMC for which you wish to make application (see the current issue of AIC 04/01).

| AMC No. | Module No. |
|---------|------------|
| | |

3. I wish to take my examination at

FOR CAAF USE ONLY

'For fees & charges, please refer to current Civil Aviation Fees & Charges Regulation which can be obtained from Authority's website'.

Examiners Signature:

Exemptions:

Exam venue:

AMC'S:

Expires:

Time:

Fee: \$

Receipt No:

Satisfactory/ Unsatisfactory

CAAF (TRROE) to vetted by:

4. State in date order full particulars of experience (including service in Armed Forces, if applicable) together with any practical experience gained as a student at any aeronautical school or college. Please indicate whether experience was obtained in full-time or part-time involvement. If part-time quote approximate hours worked per week.

IMPORTANT: The application will not be accepted unless (i) the information required is given in sufficient detail to clearly show satisfaction with any experience requirement in the current issue of AIC 04/01 for the category of Aircraft Maintenance Certificate for which application is made, (ii) The conditions of Column (4) are complied with, and (iii) a satisfactory Record of Experience is submitted if applicable.

NOTES:

1. The signature in Column (4) constitutes confirmation of adjacent entry in Columns (1), (2), (3).

| Type of Aircraft, Engine or Equipment, showing the particulars relevant to the application being made. (1) | PRECISE NATURE of work, and name of person in charge of Department or in similar authoritative position. State name of employer and place of employment. (2) | DATES From To (3) | Signature of Referee and name in capitals. To be signed by person quoted in Column (2). (See Notes above.) (4) |
|---|--|-----------------------------|--|
| | | From TO | |

6. Have you studied the following publications as appropriate to the application?

- Appendix 5 to SD-Licensing of Aircraft Engineers:

- Aeronautical Information Circular No. 04/01

7. I hereby declare that the information given on this form is true in every respect.

SIGNATURE OF APPLICANT:

DATE:

This certification shall normally be made by an engineer who has regular professional contact with the applicant and who has held a Fiji Licence in the discipline for which application is made, for a minimum period of 24 months. The licence must be valid. The signatory may be an experienced person other than an appropriately licensed engineer with the prior agreement of the CAAF Airworthiness Officer.

IMPORTANT NOTES:

- (1) When completed, this form and relevant Type Rating Record of Experience if applicable should be returned to the Licensing Officer, Civil Aviation Authority of Fiji, Nadi Airport, Fiji.
This application is valid for 6 months only.

- (2) Requests to amend this application subsequent to its receipt by the CAAF will not be accepted.