**Please read carefully before filling in the form.**

* If you wish to be included on the list of approved Air Cargo Handling Agent and;
	+ you handle cargo which will be carried on a civil aircraft
	+ cargo handled by you is for carriage from any aerodrome in Fiji to a destination outside Fiji
	+ you or another person acting on your behalf deliver cargo direct to an aircraft operator.

You should fill in this form.

* + - Please print clearly in black/blue ink
		- Please [ ]  the relevant boxes.
			* Have you applied for certification before Yes [ ]  No [ ]

If **Yes,** please give details including allocated number, on a separate sheet.

* + - * Are you a registered company? Yes [ ]  No [ ]

If **Yes,** please complete Part A. If **No**, please complete Part B (overleaf).

**PART A**

|  |  |
| --- | --- |
| Company Name |       |
|  |  |
| Registration No |       |
|  |  |
| Trading as |       |
|  |  |
| VAT Reg No. |       |
|  |  |
| Registered Office Address |       |
|  |  |
| Telephone No. |       | Fax No. |       |

\****Please attach an address list of all premises where you will handle cargo during and after screening.***

How many staff do you employ to handle cargo? i.e. prepare manifests and/or receive/pack/store/deliver.

0-25 [ ]  26-50 [ ]  51-75 [ ]  76-100 [ ]  100+ [ ]

How many staff are responsible for screening or searching cargo and ensuring that screened cargo is protected from interference?

0-25 [ ]  26-50 [ ]  51-75 [ ]  76-100 [ ]  100+ [ ]

Does any member of your company have any criminal convictions? Yes [ ]  No [ ]

 If **Yes** please attach full details on a

 Now go to **Part B** separate sheet

**PART B**

Are you?

**(a)** a sole proprietor [ ]

|  |  |
| --- | --- |
| Full name |       |
|  |  |
| Trading as |       |

Or

**(b)** a partnership or association

|  |  |
| --- | --- |
| Full namesof allpartners orassociates  |       |
|       |
|       |
|       |
|       |
|       |

 Continued on a separate sheet…

|  |  |
| --- | --- |
| Trading as |       |

For **(a)** or **(b)**

|  |  |
| --- | --- |
| VAT Reg No. |       |
|  |  |
| Address of principal office |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No. |       | Postcode. |       |
|  |  |  |  |
|  |       | Fax No. |       |

\****Please attach an address list of all premises where you will handle cargo during and after screening.***

How many staff do you employ to handle cargo? i.e. prepare manifests and/or receive/pack/store/deliver.

0-25 [ ]  26-50 [ ]  51-75 [ ]  76-100 [ ]  100+ [ ]

How many staff are responsible for screening or searching cargo and ensuring that screened cargo is protected from interference?

0-25 [ ]  26-50 [ ]  51-75 [ ]  76-100 [ ]  100+ [ ]

Does any member of your company have any criminal convictions? Yes [ ]  No [ ]

 If **Yes** please attach full details on a

separate sheet

Now go to **Part C**

**PART C**

Please give details of the individual in your company who will officially accept any written or verbal communication from the Authority relating to air cargo business.

|  |  |
| --- | --- |
| Name  |       |
| Position in Company |       |
|  |
| Official address |       |
| Telephone No. |       | Fax No. |       |

**PART D**

**Now please sign and date the form**

I declare that the information I have given is, to the best of my knowledge true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Dated | Click or tap to enter a date. |
|  |  |
| Name(CAPITALLETTERS) |       |
|  |  |
| Position inCompany  |       |

**Now return the completed application form together with the following:**

* + - * Copy of your Regulated Agent Security Programme
			* An address list of all premises where you will handle cargo during and after screening
			* A statement of your current security policy
			* Details of previous applications for listing

 then send it to:

**Controller**

**Aviation Safety & Security**

**Civil Aviation Authority of Fiji**

**Private Mail Bag**

**Nadi Airport**

 **For Office Use Only**

Date application received Click or tap to enter a date.

 New application? Yes [ ]  No [ ]

 Re-application after refusal? Yes [ ]  No [ ]

 Renewal Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Date sent to CAAF | Click or tap to enter a date. |
|  |  |
| Date received at CAAF | Click or tap to enter a date. |
|  |  |
| Date of listing | Click or tap to enter a date. |
|  |  |
| Allocated Number | Click or tap to enter a date. |
|  |  |
| Date of renewal | Click or tap to enter a date. |
|  |  |
| Date application refused | Click or tap to enter a date. |
|  |  |
| Reason for refusal |       |
|  |  |
| Date refusal notified to |  |
| applicant | Click or tap to enter a date. |