



CIVIL AVIATION AUTHORITY OF FIJI

ISO 9001:2015 Certified

# Aviation Security Screener Certificate - Application

SF 106A

Complete application form and attach the following -

- Initial issue of a certificate to a new recruit will have to be accompanied by two (2) passport size photos, ASTP 123 Training records, OJT records, OJT practical assessment records, medical report and police clearance.
- For renewal, attach certificate and proficiency test records.
- For renewal of more than 1 year of expiry, attach copy of refresher training, certificate and proficiency test records.

Attach  
photograph  
here

**Note: Submit application 4 weeks in advance to allow time for processing.**

TO BE COMPLETED BY APPLICANT		(Tick applicable box below)
<b>First Name</b>	<b>Middle Name(s)</b>	<b>Surname</b>
<b>Mailing Address:</b> <b>Residential Address:</b> <b>Phone No: (Res.)</b> (Mobile) <b>Email Address:</b>		
<b>Nationality:</b> <b>Country of Birth:</b> <b>Date of Birth:</b> <b>Gender:</b> Male: Female: <b>Marital Status:</b> Single: Married: Widowed: Divorced:		
<b>Occupation:</b> <b>Airport:</b> <b>Education Level:</b> <b>ASTP - Year Sat:</b>		
<b>Employer's Name:</b> <b>Address:</b> <b>Phone No: (679)</b> <b>Fax No: (679)</b>		
New Certificate      Renewal / Replacement * of Certificate No:      (*Delete as applicable)		
Level 1 – Access Control      Level 2 – CBS & HBS      Level 3 – All		
The information solicited herein is required pursuant to Regulation 3A of the Civil Aviation (Security) Regulations.		
(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?      Yes      No If answering "yes", please give details:		
(b) Do you have any physical disability that limits your ability to operate Aviation Screening equipment? Yes      No		
(c) Do you have any hearing defect?      Yes      No      Do you wear a hearing aid?      Yes      No		
(d) Do you wear corrective lenses      Yes      No		
(e) Are you able to correctly identify different colours? Yes      No		
(f) Are you familiar with the security procedures applicable for the airport?      Yes      No		
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 authorise 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 authorise such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority.		

<b>Signature of Applicant</b>	<b>Designation:</b>	<b>Date:</b>
<b>Signature of Authorising Officer</b>	<b>Designation:</b>	<b>Date:</b>

<b>BELOW FOR OFFICIAL USE ONLY</b>						
<b>Date Application Received:</b> Click or tap to enter a date.				<b>Received By:</b>		
<b>Police Clearance</b>	<b>Basic AVSEC Course</b>	<b>Refresher Training</b>	<b>OJT</b>	<b>OJT Practical Assessment</b>	<b>Proficiency Test</b>	<b>Medical Results</b>
Y /	1-3, 4-6, 7-9, 10 -12	Y /	Y /	Y /	Y/	Y/
N /	NA	N /	N /	N /	N/	N/
NA		NA	NA	NA	NA	Conditional

<b>Action by Licensing section:</b>			
Accepted		Date notified:	Remarks:  Checked by:
Rejected		Date notified:	(Signature)  (Date):
Comments by ASFI:  Approved by:  (Signature)  (Date):			
<b>Fees</b>			
Receipt No./Date			