

## Application For Flight Crew License Verification

Checked:

Signature

Date:

**PL 101B** 

ISO 9001:2015 Certified

Full Name (Surname first):

## **IMPORTANT**

NAP 0354

Nadi Airport Republic of Fiji

Email:Licensing@caaf.org.fj

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji.

## SECTION 1 PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)

Licence Number:				
Postal Address:				
Contact Details /Telephone:				
Fax:				
Email:				
SECTION 2 VERIFICATION DETAILS				
<ol> <li>CAAF provides Licence Verification for individual licence</li> <li>Verification Letter - to applicant confirming licence</li> <li>Verification Report - emailed directly to overseas A</li> <li>Applicants must provide consent to release information</li> </ol>	details (letter se Authority	ent to Postal Ac		,
I hereby apply for the following:				
Verification Letter (Posted to Applicant); or				
Verification Report (Emailed directly to overseas Authority) For Verification Report - provide details of overseas Authority i.e. name of contact person, Position and Email address				
Authority:	Name:			
Position:	Email:			
Fees		For Official I	Jse Only	
Application Fee(Refer to Civil Aviation and charges) Regulation		Fee		Calculation
Confirmation of Identity  Certified copy of passport, or Certified copy of Birth certificate  Send this completed and signed form to:		Part: Item:		
Civil Aviation Authority of Private Mail Bag		Receipt No.		

Facsimile: (679) 6425125

## SECTION 3 DECLARATION AND CONSENT

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct. I hereby authorise such information to be disclosed by the CAAF to indicated

person indicated in Section 2 of this form.

Signature of Applicant:

Date:

ALLOW 10 WORKING DAYS FROM DATE OF RECEIPT AS PER PROVISION OF CAAF SERVICE CHARTER