

IMPORTANT

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, together with the documents required under Section 2 and personal Flying Logbook. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 *Forgery, etc., of documents*, of the Air Navigation Regulations.

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

Full Name (Surname first)

Licence Number

contact number

Address to which licence is to be returned

SECTION 2 APPLICATION

I hereby apply for the renewal of:

CPL(A)

CPL(B)

CPL(G)

CPL(H)

ATPL(A)

ATPL(H)

Evidence of the following is also attached in support of this application:

Medical Fitness

a current class 1 (Minimum) medical examination conducted by a CAAF approved DME(including audiogram, electro-cardiogram and any other test deemed necessary by the medical examiner)

Revalidation

Completion of requisite take-offs and landings in the last 6 months as per the provisions of *SD-Flight Crew Licensing* (Logbook required) **OR**,

Satisfactory completion of Operator Base Check as per the provisions of *SD-Flight Crew Licensing* (Copy of base check required or Base Check Notification below to be completed) **OR**,

Satisfactory completion of a flight test with a CAAF Flight Operations Inspector (Copy of appropriate PL flight test form to be attached)

Fees

PPL Flight Test Fee (Refer to Civil Aviation (Fees and Charges) Regulation) (If flight test conducted)

CPL, ATPL Flight Test Fee of (Refer to Civil Aviation (Fees and Charges) Regulation) (If flight test conducted)

the licence renewal fee (Refer to Civil Aviation (Fees and Charges) Regulation)

Photograph (If not on file)

1 passport size colour photograph (signed and dated on the back)

Proof of Identification (If not on file)

Passport, or Birth Certificate together with a Photo ID

Police Clearance (If not on file)

Police Clearance

BASE CHECK NOTIFICATION I, being duly approved by CAAF, certify that according to company records Captain / F/O Licence No has successfully completed a Base Check for licence renewal, in aircraft type on in accordance with the requirements of the CAP 174 ANR 61 and 64.			
CAAF Approved Examiner	Licence No	Date	Signature

THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 53 (2) OF THE AIR NAVIGATION REGULATIONS 1981 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON.

- If answering "YES" to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked ***"Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name***, and attach to this application.

Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17A(5)(b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application.

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 the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application, to the Chief Executive, Civil Aviation Authority of Fiji.

Signature of Applicant

Date:

FOR OFFICIAL USE ONLY

Examiner authority checked

ACCEPT

REJECT

Because:

Signature

Date:

		Calculation
Fee		
Part:		
Item:		
Time :		
From		
To		
Travel:		
From		
To		
Transport		
Accommodation		
Overhead		
Receipt No.		
Date :		