**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 and personal Flying Log Book. 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) |
|  |
| Flying Training Permit Number |
|  |
| Address to which licence is to be returned, |
|  |
| and contact number |

|  |  |
| --- | --- |
| **SECTION 2** | **APPLICATION** |

**I hereby apply for the issue of Fiji Commercial Pilot's Licence (helicopters).** 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 AMA

(including audiogram, electro-cardiogram and any other test deemed necessary by the medical examiner)

# Knowledge

a pass in the Fiji Air Law Examination

Produce evidence of language proficiency assessment level minimum 4 and above.

**EITHER,** produce evidence of having passed all written examinations required for the issue of a

Commercial Pilot’s Licence (Helicopters) by CAAF

**OR,** hold a current Commercial Pilot’s Licence (Helicopters) or higher issued by an ICAO contracting State.

**Skill**

logbook certification by a Fiji Flight instructor of the satisfactory completion of a cross-country flight

check, **and**;

a pass in the Commercial Pilot’s Licence Flight Test under Section 5 of this form conducted by a CAAF authorised flight examiner

**Fees** (Refer Civil Aviation (Fees and Charges) Regulation)

CPL(H) Flight Test Fee  CPL(H) Licence issue fee

**Photograph**

2 passport size colour photographs (signed and dated on the back)

# Proof of Identification

Passport, or  Birth Certificate together with a Photo ID

# Police Clearance

Police Clearance

**ALLOW 5 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE CHARTER**

|  |  |
| --- | --- |
| **SECTION 3** | **FIT AND PROPER PERSON** |

**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.**

1. Have you previously had an application for an Aviation Document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence?

1. Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?

1. Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence?

1. Have you any history of physical or mental health or serious behavioural problems?

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 17(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: Click or tap to enter a date.

|  |  |
| --- | --- |
| **SECTION 4** | **DECLARATION OF TRAINING AND PROFICIENCY** |

This applicant has satisfactorily completed a course integrating ground and flying training the following aspects of operation:

3.1 Use of all the equipment, including Flight Instruments, which are the responsibility of the Flight Crew.

3.2 Performance of normal, abnormal, alternate and emergency drills and under flight conditions as defined in the relevant Flight Manual or Operating Handbook including weight and balance and trim sheet calculations.

3.3 Passed an Oral examination on the required knowledge for issue of a Commercial Pilot's Licence (Helicopters).

Signature:  Date Click or tap to enter a date.

Pilot in charge of training for:       Company

Name (in BLOCK CAPITALS):

Licence No and Type:

**FOR OFFICIAL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Calculation** |
| **Fee** |  |  |  |
| Part: |  |  |  |
| Item: |  |  |  |
|  |  |  |  |
| Time : | From |  |  |
| : | To |  |  |
|  |  |  |  |
| Travel: | From |  |  |
|  | To |  |  |
| Transport | |  |  |
| Accommodation | |  |  |
| Overhead | |  |  |
| Receipt No. | |  |  |
| Date :Click or tap to enter a date. | | | |

|  |
| --- |
| Examiner authority checked |
|  |
| ACCEPT |
|  |
|  |
| REJECT because: |
|  |
|  |
| Signature |
|  |
| Date: Click or tap to enter a date. |
|  |

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| --- | --- |
| **SECTION 5** | **CERTIFICATE OF FLIGHT TEST FOR COMMERCIAL PILOT’S LICENCE (HELICOPTERS)** |

|  |  |  |
| --- | --- | --- |
| Surname: | First Names: | Location: |
|  | | |
| Helicopter  Type: |  | |
| Registration: | Flight Time: |

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct Commercial Pilot's Licence test, hereby certify that I have flown in a helicopter with the above at the controls and that the applicant carried out satisfactorily\* and unassisted, under the conditions stated, the exercises, manoeuvres and drills below: \*(See Notes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHASE 1 GENERAL KNOWLEDGE** |  |  |  |  |
| 1. A/C Documentation |  |  | **VISUAL TEST CONTINUED** |  |
| 2. A/C Performance |  |  | 10. Straight in autorotation (Note 3) |  |
| 3. Weight and Balance |  |  | 11. 180 autorotation (Note 3) |  |
| 4. Fuel requirements and management |  |  | 12. Hovering autorotation (Note 4) |  |
| 5. Emergency Equipment |  |  | 13. Hydraulic Failure |  |
| 6. Weather Interpretation |  |  | 14. Governor Failures |  |
| **PHASE 2** |  |  | 15. Anti torque drive failures |  |
| **PILOTING TECHNIQUE - VISUAL** |  |  | 16. Anti Torque jammed pedal |  |
| 1. Pre-flight inspection |  |  | 17. Confined area landings |  |
| 2. Engine Start/Warm/Checks |  |  | 18. Slope operations |  |
| 3. Take-off and taxi |  |  | 19. Shutdown checks |  |
| 4. Sideways and backwards |  |  | 20. ATC Compliance |  |
| 5. Spot turns |  |  | 21. Airmanship |  |
| 6. Normal take-off and landing |  |  |  |  |
| 7. Limited power take-off |  |  |  |  |
| 8. Limited power landing |  |  |  |  |
| 9 . Quickstops |  |  |  |  |

Assessment Code: ✓ = Pass x = Fail NT = Not Tested

ADDITIONAL COMMENTS:

|  |  |  |
| --- | --- | --- |
| Name of Flight  Examiner  (Print): |  |  |
| Licence: | Number: |
|  |  |

Certified that this report is an accurate assessment of the test carried out

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: Click or tap to enter a date. |
| **SECTION 6** | **FLYING EXPERIENCE** | |

I have had the following flying experience as recorded in my personal Pilot’s Flying Logbook:

# Minimum Flying Experience = () Totals

|  |  |
| --- | --- |
| * Total flight time in helicopters **(150)** |  |
| * Flight time as pilot in command in helicopters **(35)** |  |
| * Number of hours instruction in instrument flying **(10)** of which **5** hrs may be instrument ground time. |  |
| * Cross country flight time as pilot in command in helicopters **(10)** including a cross country flight with 2 full stop landings at 2 different aerodromes |  |

|  |  |
| --- | --- |
| Signed | Date Click or tap to enter a date. |
|  |  |
| Flight times Certified correct | by Training Manager of |
|  |  |
| Name in BLOCK CAPITALS | Licence number and type |

# GENERAL NOTES

1. ‘Night’ means the hours between 15 minutes after sunset and 15 minutes before sunrise.

1. A ‘circuit’ is the flight path around an aerodrome at a specified height which facilitates an aircraft’s positioning from a point on the take-off path of a given runway to a point, on the approach path of the same runway, from which a landing can be made.

1. Simulated engine failures for practice may be carried out provided the area is suitable for an autorotative landing, and:
   1. for helicopters without collective mounted throttle control, the fuel flow control will not be retarded.
   2. for helicopters with collective mounted throttle, the throttle may be retarded.

1. During a hovering autorotation the fuel flow control or throttle will be retarded by the examiner.

1. Period of Validity of the licence will date from the completion of this test.

1. Only persons holding written authorisation from the Civil Aviation Authority of Fiji in respect of the helicopter used for this test may sign for the satisfactory completion of any test on this form.

1. This issue of CAAF Form **PL 103B** is for use in respect of **Commercial Pilot’s Licence (Helicopters)**. Applications for the supply of this form should be made to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, telephone (679) 8923155.