# IMPORTANT

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of the 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) |
| Validation Number |
| Personal Residential or Postal Address |
| And contact number |
| Personal E-mail |
| Operator/ Training Institute |

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

**I hereby apply for the conversion of my foreign ATPL(A) to a Fiji ATPL(A) on the ATR 42/72-600 aeroplane type as follows:**

Operating Capacity  Pilot

Co-pilot

Instrument Rating *(Attach a copy of the completed instrument rating check form)*

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)

# Knowledge

a pass in the Fiji Air Law Examination

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

Hold a valid Foreign Licence & Medical Validation issued by the PEL Office

hold a current **Airline Transport Pilot’s Licence** issued by an ICAO contracting State.

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

Conversion Flight Test Fee  the licence issue fee

**Photograph**

one passport size colour photograph

**Proof of Identification**

Passport, or  Birth Certificate with Photo ID

**Police Clearance**

Police Clearance

# Consent

I consent to CAAF obtaining confirmation about the authenticity of my foreign pilot licence from the

relevant issuing Authority

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

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| **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.

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| 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 consent to the Civil Aviation Authority of Fiji obtaining confirmation about the authenticity of my foreign pilot licence from the relevant issuing Authority.

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.

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| **SECTION 4** | **DETAILS OF PRINCIPAL FOREIGN PILOTS LICENCE HELD (in BLOCK CAPITALS please)** |

|  |  |
| --- | --- |
| State of issue: | Date of issue:Click or tap to enter a date. |
| Type of licence and number: | Date of expiry of Licence: Click or tap to enter a date. |
| Date and place of last medical examination: | Date: Click or tap to enter a date. |
| Date of expiry of medical (Class 1 or 2 ) : Click or tap to enter a date. | |
| Details of any endorsements/limitations | |
| Details of other licences held (if any) | |

**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. |

|  |  |
| --- | --- |
| **SECTION 5** | **CERTIFICATE OF TEST FOR CONVERSION OF A FOREIGN LICENCE TO A FIJI LICENCE (ATR 42/72-600 )** |

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct Foreign Licence conversion, hereby certify that I have flown in an ATR 42/72-600 aeroplane with       at the controls and that the applicant carried out satisfactorily\* and unassisted, under the conditions stated, the manoeuvres and drills against which my signature appears below, together with my name in BLOCK CAPITALS beneath the signature:

\*(See Note 3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Date of Test** | **A/c Reg. or Sim Code** | **EXAMINERS** | |
| **Signature & Date of Sig. (name once in capitals please)** | **License No.** |
| **4.1** | **4.1 By Day or Night in flight or in a simulator approved by CAAF for the specified item** | | | | |
| 4.1.1 | Normal T/O visual circuit with no glide slope. | Click or tap to enter a date. |  |  |  |
| 4.1.2 | Incapacitation of PF. Single pilot circuit and land. | Click or tap to enter a date. |  |  |  |
| 4.1.3 | T/O Engine fire after V2. One engine ILS Missed approach. | Click or tap to enter a date. |  |  |  |
| 4.1.4 | Single engine approach. Circuit and land. | Click or tap to enter a date. |  |  |  |
| 4.1.5 | Low visibility T/O. SID departure. | Click or tap to enter a date. |  |  |  |
| 4.1.6 | TCAS event' on climb to FL250. | Click or tap to enter a date. |  |  |  |
| 4.1.7 | Decompression and emergency descent. | Click or tap to enter a date. |  |  |  |
| 4.1.8 | Approach to stall and recovery. Clean and landing configuration | Click or tap to enter a date. |  |  |  |
| 4.1.9 | DME Arc approach for VOR to minimum | Click or tap to enter a date. |  |  |  |
| 4.1.10 | Cross wind Landing. | Click or tap to enter a date. |  |  |  |
| 4.1.11 | Hydraulic non normal | Click or tap to enter a date. |  |  |  |
| 4.1.12 | Non-Normal on landing/Evacuation on runway. | Click or tap to enter a date. |  |  |  |
| 4.1.13 | Rejected T/O before V1 (At anytime). | Click or tap to enter a date. |  |  |  |
| 4.1.14 | Airmanship/CRM | Click or tap to enter a date. |  |  |  |

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| **SECTION 6** | **FLYING EXPERIENCE** |

I have had the following flying experience in the ATR 42/72-600 as recorded in my personal Pilot’s Flying Logbook:

# 6.1 Totals

|  |  |  |
| --- | --- | --- |
|  | Aeroplane | Simulator |
|  | Hours | Hours |
| * Total Flight Time |  |  |
|  |  |  |
| * Co-pilot |  |  |
|  |  |  |
| * PIC under supervision |  |  |
|  |  |  |
| * Pilot in Command |  |  |

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.
2. 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.
3. ‘Satisfactorily’ means that the applicant is in full control of his aeroplane at all times and that the successful outcome of a manoeuvre is never in doubt. ‘Unassisted’ means without verbal prompting or physical assistance with the flying controls.
4. In the aeroplane ‘Simulated engine failure’ means with thrust lever set to idle so as to represent a failed engine. In the flight simulator any approved method for simulating engine failure may be used. The accelerate-stop tests required by this Form should be carried out as follows:
   1. In the aeroplane, simulated engine failure should be initiated at a speed that will not hazard the safety of the aircraft.
   2. In the flight simulator, simulated engine failure should be initiated at a speed which is close to V1 but which is sufficiently below to require a decision to stop, e.g. V1 -5 or -10 knots.
5. Emergency descent procedure should be carried out in the air by announcing a pressurisation failure, donning masks, carrying out touch drills and descending the aeroplane through a representative height band.
6. Endorsement of the licence will date from the completion of these tests. A flight simulator must be specifically authorised before testing boxed items during the initial ratings on type.
7. Only persons holding written authorisation from the Civil Aviation Authority of Fiji, in respect of the aeroplane and/or simulator type used for this test may sign for the satisfactory completion of any test on this form.
8. Certain items of this test may be carried out on an appropriate flight simulator, which has been specifically approved for them. Items so approved are enumerated in the relevant flight simulator approval, which also shows the Simulator Code for column 3.
9. This issue of CAAF Form **PL 104O** is for use in respect of **Conversion of a Foreign ATPL – ATR 42/72-600**. 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.