**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. 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (Name  In Passport) |  | | Passport Number: |
| Date and Place of  Birth | Click or tap to enter a date. | Age: | Nationality: |
| Address in Fiji, |  | | |
| and contact number |  | | |

|  |  |
| --- | --- |
| **SECTION 2** | **NAME AND ADDRESS OF EMPLOYER (in BLOCK CAPITALS please)** |

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# SECTION 3 DETAILS OF PRINCIPAL FOREIGN AIR TRAFFIC SERVICE LICENCE HELD (In BLOCK CAPITALS please)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State of issue: |  | | Date of issue: |  |
| Type of licence and number |  | | Date of expiry of Licence |  |
| Date and place of last medical examination | |  | | |
| Date of expiry of medical (Class 1 or 3) | |  | | |
| **Details of other licences held (if any)** | |  | | |

|  |  |
| --- | --- |
| **SECTION 4** | **DETAILS OF ATC RATINGS HELD AND EXPIRY DATE (in BLOCK CAPITALS please)** |

|  |  |  |
| --- | --- | --- |
| Type of ATS Licence/ Rating | Country and Date of Initial Issue & Expiry Date | Date of Last Proficiency Test |
|  |  |  |
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|  |  |  |
| **SECTION 5 ATS WORK EXPERIENCE** | | |

|  |  |
| --- | --- |
| Total hours |  |
| Hours/Years as OJTI |  |
| Total ATS Examiner Time |  |

|  |  |
| --- | --- |
| **SECTION 6** | **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you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence?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?

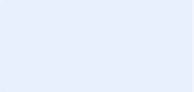
If answering “YES” to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked ***“Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name***, and attach to this application.

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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 ATS 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.

# CONDITIONS APPLICABLE TO THE VALIDATION OF A FOREIGN AIR TRAFFIC SERVICE LICENCE ISSUED BY AN ICAO CONTRACTING STATE

1. The applicant must hold a valid foreign licence and current medical certificate issued by an ICAO contracting state before applying for a validation.

1. The foreign licence, medical certificate and associated ratings submitted for validation must be issued by the same Licensing authority.

1. The foreign licence, medical certificate and associated ratings must be valid at the time of submission of the application and at the time of issue of the Fiji licence

1. A validation may be issued at the discretion of CAAF for a period of 6 months.

1. The applicant shall have passed the Fiji ATS Local Procedures examination if the validation is to be used for the purpose of obtaining a Fiji Air Traffic Service Licence.

1. The applicant shall have attained an English Language Proficiency of Level 4 and above

1. **The applicant shall submit with this application the following documentation;**

* 1. **Valid Foreign ATS Licence with associated ratings.**
  2. **ICAO ELP Certificate (Level 4 or above)**
  3. **Most recent certified proficiency check conducted**
  4. **Valid Foreign Medical Certificate.**
  5. **Up to date personal ATS Log Book (s) detailing work experience.**

**Note: Foreign ATS licence and medical will require verification with the issuing Authority. Receipt of verification may take up to a week with some Authorities.**

1. The applicant shall pay the applicable validation fee. (Refer to Civil Aviation (Fees and Charges)

Regulation)

1. The applicant shall undergo the appropriate medical examination conducted by a CAAF approved AMA if the validation is to be used for the purpose of obtaining a Fiji ATS Licence.

# FOR OFFICIAL USE ONLY

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| Applicable Fee | Received: | | | cash  cheque |
|  | | | (Licensing officer) | |
| Official Receipt No: | | | | |
| Particulars given on this form checked by: | | | | |
| Validation issued - Number: | | Date of Expiry: | | |