

Please ensure that this form is completed in accordance with the notes supplied.

1. Name, address and contact details of applicant (Note 1)

- a. **Name:**
- b. **Business Address:**
- c. **Postal Address:**
- d. **Contact details – Telephone:**
- Fax:**
- E-mail:**

2. Name(s) - (if any different from 1 above) - under which aviation training and/or assessment activities will be conducted. (Note 2)

3. Details of offices, classrooms, briefing rooms, practical training facilities, workshops and any other accommodation available for use by training or assessing staff (if different from original application). (Note 3)

4. State when the administration, organisational and training manuals will be made available for submission to the Civil Aviation Authority of Fiji. (Note 4)

5. Names, qualifications and experience of the Accountable Manager and senior executive staff. Details of the duties for which each individual has responsibility. Contact details (business and after hours) for all those listed. (Note 5)

6. Names, qualifications and experience of persons responsible for conducting, on behalf of the organisation, the assessments covered by the Certificate. (Note 6)

7. Proposed date for the commencement of activities or commencement of the variation applied for. (Note 7)

8. Give details of any previous application for certification as an Aviation Training Institution.

9. Industry Consultation

Does the applicant wish to (continue to) participate in the Industry Consultation process?

Please tick one	Yes	No
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If uncertain, details of the process are available in an AIC available on the Authority's website which is www.caaf.org.fj

If the applicant wishes to participate or continue participating, please provide details of your representatives below –

Name	Title	Email	Phone	Specialization

Please note that you may have more than one nominated representative and may nominate that different representatives should be consulted on different matters – the choice of topics is the subject matters of various ICAO Annexes – as described in the AIC on the Industry Consultation Process.

It is recommended that you have more than one nomination so that you do not lose a consultation opportunity should one person not be available for technical or other reasons.

(CAAF Flight Ops / Ground Safety – refer industry consultation details to Standards to update the nominated person's details)

I apply for Aviation Training Institution Certificate No * expiry
date to be ISSUED VARIED RENEWED ** based on the information provided in
this form and the attached relevant Supplementary Sheet.

DECLARATION

I declare that the information supplied by me in this application form is true, correct and complete. Any further information that may be required to process this application will be provided as and when requested.

Signature:

Name (BLOCK LETTERS):

Position:**Date:**

(*) Enter if known

() Delete as applicable**