

1. Applicant/Aerodrome Details

(a)	Legal name of Applicant/organization:			
	<i>The certificate will be issued in this name</i>			
(b)	Name of aerodrome			
(c)	Trading name: (if different from (a))			
(d)	Address for Service:			
	Tel:	Fax:	Email:	
(e)	Postal Address: (if different from Address for Service)			
	Tel:	Fax:	Email:	
	<i>(Order number/contact person or other reference)</i>			

2. Reason for Application (tick appropriate box)

Initial Issue

Renewal

Type of operation (tick appropriate box):

Commercial – International

Commercial – Domestic

Private Use

Aerial Work

3. Questionnaire

	Yes*	No
(a) Has the organization been convicted of an air transport safety offence in the last five years or is the organization presently facing charges for an air transport safety offence?		
(b) Has the organization previously had an application for an aviation document rejected or has an aviation document held by the organization been suspended or revoked?		

****If answering "Yes" to any of the above, please provide details on a separate sheet of paper and enclose in a sealed envelope marked "Confidential, Controller Ground Safety, Civil Aviation Authority of Fiji". Include organization name, client number (if known) and the certificate being applied for.***

4. Aeroplanes for which the aerodrome facilities are intended

Aeroplanes having a certificated seating Capacity in excess of 30 passengers	Aeroplanes above 5700 kg maximum certificated take-off weight
Aeroplanes at or below 5700 kg maximum Certificated take-off weight	Helicopter
Largest aircraft to use the aerodrome	

5. Aerodrome Limitations

Provide a brief summary of any limitations applicable to the aerodrome; aerodrome design, facilities or services.
(Ref. SD-AD Chapter 2.2 and 2.9.5(5))

6. Senior Persons

For initial issue or for a change of Senior Person(s), a separate form CA107A must accompany this application for each of the senior persons nominated below.

List of Senior Persons and their areas of responsibility – Ref. SD-AD Chapter 2.3 (a) (1) and (2)

7. Declaration

This application is made for and on behalf of the applicant/organization identified in 1(a). I certify that I am empowered by the applicant/organization to ensure that all activities undertaken by the applicant/organization can be financed and carried out in accordance with the standard required by the Authority.

I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct.

Full name of Authorised person

Signature of Authorised person:

Date of application:

Client No (if known):

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) and (6) of the Civil Aviation Authority Act 1979 and is subject, in the case of a body corporate, to a maximum fine of \$50,000.*

The Completed application, together with appropriate supporting Aerodrome Manual and Exposition (where required), should be submitted to:

**Controller Ground Safety
Civil Aviation Authority of Fiji (CAAF)
Private Mail Bag
NAP 0354
Nadi Airport
Fiji**

OFFICE USE ONLY

1. Received by:

2. Date Received:

3. Job No:

4. Completed by:

5. Certificate Issue date: