

Organization Details		
Name of organization (Certificate will be issued in this name)		
Address for service		Postal address
Tel:	Fax:	Email:
ATS organisation structure diagram (provide on a separate sheet and attach with this application)		
Reason for Application – Mark appropriate box		
Initial issue		Renewal
Questionnaire - *Delete as applicable. If answering "Yes", please provide details on separate sheet		
The following questions must be answered: -		
(a) Has the organization been convicted for any transport safety offence in the last five years or is the organization presently facing charges for a transport safety offence?	Yes/	No*
(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?	Yes/	No*
(c) Has the organisation contracted out services?	Yes/	No*
(d) Has the organisation been contracted to provide services?	Yes/	No*
Air Traffic Service to be provided		
Aerodrome Control Service (TWR)	Approach Control Service (APP)	
Area Control Service (ACC)	Aerodrome Flight Information Service (AFIS)	
Flight Information Service (FIS)	Other: -	
Note: The provision of a flight information service and alerting service is an integral part of all of the above services and does not require a specific application		
Location		
For each service applied for indicate as applicable the name of the aerodrome/airspace being serviced and hours of service. Where new airspace or a change in classification of existing airspace is proposed include full details.		
Services	Aerodrome/Airspace & Hours of Service	
Use an additional sheet if necessary and submit a separate application for each separate ATS unit		
Senior Personnel		
List of Senior Persons and their areas of responsibility.		
Name	Job Title	Areas of responsibility

Personnel

Indicate number of persons to be employed in the organisation.

Air traffic services personnel:

1-5 6-10 11-50 51-100 >100

Telecommunication Personnel

1-5 6-10 11-50 >51

Electrical & Mechanical Personnel

1-5 6-10 11-50 >51

Training

Indicate type of training to be undertaken within the organisation for personnel.

Basic ATC training/Flight Data Officer

Air Traffic Controller Training (Licence/Ratings)

Aeronautical Station Operator Training
(Licence)

Flight Information Service Training (Licence/Ratings)

Air Traffic Service Instructor Training

Air Traffic Service Examiner Training

AIS Briefing Training

Other:

Exposition / Operations Manual

This must be provided with initial application and updated as required by the SD-ATS.

Industry Consultation

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

Please TICK one Yes No

If uncertain, details of the process is available in an AIC available on the Authority's website; 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 GSD – refer industry consultation details to Standards to update the nominated person's details)

Declaration

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Authority.

I certify that the above information provided is true and correct and the enclosed copies of the attached documents submitted with this application are authentic. I authorize the Authority to use the information on this form or attached hereto for any purpose as required or authorized by law. I further authorize such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority

I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Civil Aviation Authority of Fiji.

Full name of (nominated) Chief Executive / Accountable Manager:

Signature of (nominated) Chief Executive /
Accountable Manager and Company Stamp:

Date of application:

Notes:

(a). The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence of Air Navigation Regulations No. 128.

(b) Name of organisation: A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the company's office Certificate of Registration.

(c) For initial issue or for a change of Senior Persons, a declaration form prescribed by 9.2 will need to accompany this application for each of the senior persons nominated in the form.

(d) The completed application and supporting documentation, should be submitted to:

Chief Executive
Civil Aviation Authority of Fiji
Private Bag, Nadi Airport, Republic of Fiji

Declaration

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Authority.

I certify that the above information provided is true and correct and the enclosed copies of the attached documents submitted with this application are authentic. I authorise the Authority to use the information on this form or attached hereto for any purpose as required or authorised by law. I further authorise such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority

I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Civil Aviation Authority of Fiji.

Full name of (nominated) Chief Executive / Accountable Manager:

Signature of (nominated) Chief Executive / Accountable Manager
and Company Stamp:

Date of application:

Notes:

- a) The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence of Air Navigation Regulations No. 128.

- b) Name of organisation: A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the company's office Certificate of Registration.
- c) For initial issue or for a change of Senior Persons, a declaration form prescribed by 9.2 will need to accompany this application for each of the senior persons nominated in the form. (d)The completed application and supporting documentation, should be submitted to:

Chief Executive
Civil Aviation Authority of Fiji
Private Bag, Nadi Airport, Republic of Fiji