CIVIL AVIATION AUTHORITY OF FIJI
ISO 9001:2015 Certified

Issue – Renewal of a Registration Approval

GS 301

1. Applicant/Aerodrome Details

(a)	Legal name of Applicant/organization:				
		This certificate will be issued in this name			
(b)	Name of aerodrome Real property description: Bearing or distance from nearest town or populous area:				
(c)	Trading name: (if any)				
(d)	Address for Service:				
	Tel:		Fax:	Email:	
	Tel:		Fax:	Email:	
(f)	Your reference:				
		(Order number/contact person or other reference)			
(g)	Is the Applicant the Owner of the Aerodrome Site	Yes ☐	No ☐	(Go to item h) ☐	
If the applicant is <u>not the owner</u> of the site, provide:					
(h) Details of rights held in relation to the site; and					

Name and address of the owner of the site and written evidence to show that permission has been obtained for the site to be used by the applicant as an aerodrome:

1. Reason for Application – Mark appropriate box(s)

Initial Issue: ☐ Renewal: ☐

2. Questionnaire

		Yes*	No
(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?	☐	☐
(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", please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, Controller Ground Safety, Civil Aviation Authority of Fiji". Include organization name, client number (if known) and the type of certificate applied for.**

3. Aeroplanes for which the aerodrome facilities are intended

Aeroplanes having a certificated seating Capacity in excess of 30 passengers	☐	Aeroplanes above 5700kg maximum certificated take-off weight	☐
Aeroplanes at or below 5700 kg maximum Certificated take-off weight	☐	Helicopters	☐

4. Aerodrome Limitations

Brief summary of any limitations on the use of the aerodrome that arise from the aerodrome design, or the facilities or services intended at the aerodrome – Ref. SD-AD Chapter 2.2 and 2.9.5(5)

5. Senior Persons

For initial issue or for a change of Senior Persons, a separate form GS 303 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 4.3.1

6. Aerodrome Data

(To be completed by an approved person as prescribed in SD-AD. Aerodrome Data must be derived in accordance with SD-AD, Chapter 5: Aerodrome Information for AIP)
Note: Application must be accompanied by a report prepared by an approved person as prescribed in SD-AD, confirming that the information provided overleaf is accurate and that the aerodrome meets the applicable safety standards.
Report on Aerodrome Data by Approved Person (as prescribed in SD-AD)

6a. Aerodrome Diagram (to be attached to this form)

This diagram depicts the following:

(i) The runway layout, their magnetic bearing and land length in metres;

(ii) The layout of the taxiways and aprons;

(iii) The location of the aerodrome reference point;

(iv) The location of the wind direction indicators, both lit and unlit;

(v) The elevation of the aerodrome (the highest point on the landing surface in feet);

(vi) For instrument runway, the elevation of the mid-point of each threshold; and

(vii) The magnetic bearing and distance to the nearest city/town or population center.

6b. Aerodrome Location: (ARP) in WGS84	**Latitude:**	**Longitude:**

6c. Aerodrome Administration
(Provide the following information on the aerodrome owner.)

Name of Aerodrome:				
Name of Aerodrome Operator:				
Address:				
Telephone (B/H):	**(A/H):**		**Fax:**	**Email:**
Is this Aerodrome Open to Public?	No ☐	Yes ☐		
Are there Landing Charges?	No ☐	Yes ☐		
If open to the public, who is (are) the Aerodrome Reporting Officer(s)?				
Name:	**Tel (B/H):**	**Tel (A/H):**		

	6d. Runway Details (For each runway, provide the following. Add a page if there is more than one runway.)					
	Runway Designation:			**Runway Reference Code:**		
Runway End:	**TORA:**	**TODA:** (%)	**ASDA:**	**LDA:**		
Runway End:	**TORA:**	**TODA:** (%)	**ASDA:**	**LDA:**		
Runway Width:	**Runway Slope:**	**Runway Strip Width (graded):**	**Runway Strip Width (overall):**			
	STODA:					
Runway End:	**1.6%:**	**1.9%:**	**2.2%:**	**2.5%:**	**3.3%:**	**5.0%:**
Runway End:	**1.6%:**	**1.9%:**	**2.2%:**	**2.5%:**	**3.3%:**	**5.0%:**
	Pavement Surface Type:	**Pavement Rating:**	**(ACN/PCN):**			

	OR Maximum Aircraft Weight:	**And Type Pressure:**

6e. Aerodrome Lighting: (For each runway equipped with lighting, provide the following. Add extra pages if there is more than one runway with lighting.)			
Runway Designation:			
Light Intensity:	Low	Medium	High
Approach Lighting Provided:	Yes	No	
Pilot activated Lighting (PAL) Provided:	Yes	No	Frequency:
PAPI Provided:	Yes	No	Type & Location
Aerodrome Beacon Provided	Yes	No	Type & Location
Standby Power Provided	Yes	No	Type & Location
Portable Lights:	Yes	No	
Any other lighting, specify:			

6f Ground Services (Provide the following information on services available to pilots)			
Fuel Type		**Supplier**	
Tel: (B/H)		**(A/H)**	
Met Facilities Available:	**Yes**	**No**	
TAF Category:	**AWIS Phone Number:**	**AWIS Frequency:**	
CTAF or MBZ available:	**Yes**	**No**	
CTAF:	**MBZ:**	**UNICOM:**	**AFRU:**
Navaid Facilities Available:		**Yes**	**No**
Type:	**Identification. Code:**	**Coordinates:**	**Range:**
Monitoring:			
ATS Communication Facilities Available:		**Yes**	**No**
FIA:		**On Ground:**	**Circuit:**
Passenger Facilities Available:		**Yes**	**No**

6g. Special Procedures: (Provide the following information about any special procedures that pilots need to observe or follow.)		
Special Procedures Apply:	**Yes**	**No**
6h. Notices (Provide the following information on any local safety information)		

Details of any Obstacles:		
Details of any Hazards (e.g. Birds or animals):		
Details of any restrictions on the use of Taxiways or Aprons:		
Details of any other activities at the aerodrome (e.g. Sport aviation activities):		
Approved person's signature:		**Date:**

7. Declaration

This application is made for and on behalf of the applicant or organization identified above. I certify that I am empowered by the applicant or organization to ensure that all activities undertaken by the applicant or 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 (proposed) Authorised person

Signature of (proposed) Authorised person:

Date of application: **Client No (if known):**

Notes:

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 the appropriate supporting Aerodrome Certification Manual, 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:**