

## Application for Issue/Renewal – AIS Provider Certification

GS 700

ISO 9001:2015 Certified

Organization Details							
Name of organization (Certificate will be issued in this name)							
Address for service			Postal address				
				,			
Tel:	Fax:		Email:				
AIS organization structure diagram (provide on separate sheet and attached 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 last five years or is the organization presently facing of 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?					No*		
(c) Has the organization contracted out services?					Yes/	No*	
(d) Has the organization been contracted to pr			provide services?			No*	
Aeronautical Information Service to be provided							
Aeronautical Information Publication		AIP & Supplements Amendment Service					
AIP Supplements		NOTAMs					
Pre-flight Information Bulletin		Checklists and List of Valid NOTAMs					
Aeronautical Charting							
Location		1					
For each service applied for indicate as applicable the name of the aerodrome/airspace being serviced. Where new airspace or a change in classification of existing airspace is proposed include full details.							
Services Aerodrome/Airspace							

Use an additional sheet in	f necessary and submit a	separate application for each separate AIS 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 organization.							
Aeronautical Information Services personnel:							
1-5 6-10		51-100 >100					
Tarinia a							
Training							
Indicate type of training to be undertaken within the organization for personnel.							
Basic Air Traffic Control (	(ICAO 052)	Fundamentals of Aeronautical Information					
		Service					
Aeronautical Cartography	y	ICAO Pans-Ops Instrument Flight Procedure Design OJT (On-the-Job Training)					
Exposition / AIS Manual							
This must be provided with initial application and undeted as required by SD AIS							
This must be provided with initial application and updated as required by SD-AIS.							
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.fi 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 organization identified above. I certify that I am empowered by the organization to ensure that all activities undertaken by the organization 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 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:

Stamp:

Rev. 170715

Date of application:

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

## 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 organization: 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