

Application for Air Transport Operations by a Foreign Operator – Initial/Renewal/Variation (Delete as applicable)

(To be completed by a foreign air operator for an approval to conduct operations in Fiji)

Section 1. To be completed by air operator

A

1. Company registered name and trading name if different. Address of company: mailing address; telephone; fax; and e-mail.

2. Address of the principal place of business including: telephone; fax; and e-mail.

3. Proposed Start Date of Operations:

4. ICAO 3-letter Designator for aircraft operating agency:

5. Operational Management Personnel

Name

Title

Telephone, fax and e-mail

B. Type of approval requested -

6. Air operator intends to conduct commercial flights to and from aerodromes in Fiji

7. Air Operator proposed types of operation:

8. Geographic areas of intended operations and proposed route structure:

☐ Passengers and Cargo
 ☐ Cargo Only
 ☐ Scheduled Operations
 ☐ Charter Flight Operations
 ☐ Dangerous Good

C.

9. Provide location on board or provide separate documentation where individual aircraft nationality and registration marks are listed as part of the aircraft fleet operated within Fiji territory under the air operator certificate:

Provide following information:

Aircraft Type (make, model and series, or master series)	RVSM- ³ Approval	ETOPS- ³	GNSS ³	RNP ³	PBN ³	RNAV ³	Noise- ⁴ Certification (Annex 16 Ch.)	Remarks
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	

Attach copies of:
☐ Air Operator Certificate and associated operations specification;
☐ Insurance certificate;
☐ In case of wet-lease of aircraft: approval of CAA of the state of operator, with identification of the operator that exercise operational control on the aircraft; and
☐ Permit issued by the minister under the civil aviation (Licensing of Air services) Regulations
I declare that the information supplied by me in this application form is true, correct and complete

Signature of operator representative:	Date	Name and title

Section 2. To be completed by the CAAF

Evaluated by (Name and Title)	CAAF Decision: ☐ Approval granted ☐ Not approved
Remarks:	
Signature of CAAF representative:	Date

Note: 3 As approved by the State of the Operator 4 As approved by State of Registry

4 As approved by state of registry