CIVIL AVIATION AUTHORITY OF FIJI
ISO 9001:2015 Certified

Application for ATC/FISO/ASO Licence Examination

PL 101L

Tick where appropriate: - Mr ☐ **Miss** ☐ **Mrs** ☐ **Ms** ☐

Surname: _____ **First Name(s):** _____

Residential Address _____

Home Telephone No _____

Work Telephone No _____

Personal E-mail: _____

Employed by: _____

License Number: _____

Examination Requested

(***Please tick appropriate time slot as per AIC 01/21)***

☐ **ATC Exam**
☐ **FISO Exam**
☐ **0900–1230pm** ☐ **1400 – 16.30pm**

☐ **ASOL Exam** ☐ **0900-1030am** ☐ **1430 – 1530pm**

Date for which examination is requested: _____

Applicants Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Applicable Fee _____ Received: _____ ☐ cash/ ☐ cheque (Licensing Officer)

Official Receipt No: _____

Particulars given on this form checked by: _____

CONDITIONS APPLICABLE

1) All aviation examinations are held at CAAF headquarters.
2) Candidates must report to the examination supervisor no later than 15 minutes prior to the examination start time.
3) Examination fees are published in the CAAF Aeronautical Information Circular - AIC01/21
4) A candidate electing to transfer a booked exam sitting to another date must advise the Authority in writing before the aforementioned closing time.