CIVIL AVIATION AUTHORITY OF FIJI
ISO 9001:2015 Certified

Air Traffic Service Personnel Licensing Application

PL 110A

Complete application form and -

(a) **ATCL/ATCTP & FISOL/FISTP**: Valid Class 3/4 (as appropriate) Medical Assessment issued by an AMA.

(b) **Initial issue of licence/rating** – Evidence that required training has been satisfactorily completed as per the SD PEL, certified Rating Board Examination Results and a passport-size photograph.

Renewal of ATCL, FISOL & ASOL – Provide results of licence renewal examination. Application documentation & appropriate fees shall be submitted at least 10 working days in advance to allow time for processing. For fees & charges, please refer to the current Civil Aviation Fees & Charges Regulation, accessible via the Authority's website.

Attach photograph here

Approx 2cmx2.5cm

TO BE COMPLETED BY APPLICANT	***Tick applicable box below*** ✓ **** Delete as applicable***	***Provide a copy of birth certificate/passport biodata page for initial issue.***
First Name	**Middle Name**	**Surname**

Address:

Nationality:

Country of Birth:

Date of Birth:

Phone No:

(Res)

(Wk)

Licence Renewal

Date of Examination:

Employer's Name:

Class 3/4 Medical Assessment – Provide date of visit if recently seen by an AMA:

LICENCE/RATING APPLIED FOR: -

☐ Air Traffic Controller Licence (ATCL)	☐ Aerodrome Control Rating: Nadi/Nausori * ☐ Approach Control Procedural Rating: Nadi/Nausori* ☐ Approach Control Surveillance Rating: Nadi/Nausori* ☐ Area Control Procedural Rating – Nadi ☐ Area Control Surveillance Rating - Nadi
☐ Aeronautical Station Operator Licence (ASOL)	☐ HF RTF and Air Ground operations ☐ VHF/HF RTF Operations ☐ VHF RTF operations (Airside Operations)
☐ Flight Information Service Officer Licence (FISOL)	☐ International Flight Information service rating (Nadi FIR) ☐ Aerodrome Flight Information service rating (Domestic Aerodromes) ☐ Domestic Flight Information service rating (Fiji Domestic Airspace)
☐ ATC Training Permit	☐ FIS Training Permit
☐ New/Replacement* Licence/Permit *	☐ If renewal, state Licence/Permit No:

State any other aeronautical related qualifications and provide evidence if new additions: -

☐ ATS Instructor rating (OJTI) ☐ ATS Instructor rating (classroom) ☐ ATS Examiner rating

☐ Others (specify):

The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.	
(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked *(other than a licence that has been superseded by a replacement or higher licence)*? If "yes", please give details: -	☐ Yes ☐ No
(c) Have you been subjected to a "stand-down" from solo operational duties by your employer? If "Yes", please give details: -	☐ Yes ☐ No
(c) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence such as driving under the influence of alcohol or drugs (including Kava)?	☐ Yes ☐ No
(d) Have you been convicted in any court on any criminal charge or are you presently facing charges for any criminal offence?	☐ Yes ☐ No
(e) Have you any history of physical or mental health or serious behavioural problems?	☐ Yes ☐ No
# If answering "Yes" to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential - Senior Personnel Licensing Inspector, Civil Aviation Authority of Fiji" and attach the envelope with this application form.	

Declaration

I certify that the above information is correct and that the enclosed copies of my personal documents are authentic and the information provided is true and correct. I further authorise the Authority to use the information concerning me 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 his/her duties, 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 Senior Personnel Licensing Inspector, Civil Aviation Authority of Fiji; and
- where applicable, the copying of my signature below required for the issuance of an ATC/FIS training permit.

Applicant's Signature: _____ Date: _____

Post or deliver the completed form and required documents to: Senior Personnel Licensing Inspector
Civil Aviation Authority of Fiji
Private Mail Bag (NAP 0354)
Nadi Airport **FIJI**

Travelling Time	Transportation	Accommodation	Rating / Validation	Processing	Time
				ANSI	
				LO	
Examination Results	Medical Results	Fit & Proper	Licence No:	MPEL	
☐Passed / ☐Failed*	☐Y/☐N/☐Conditional	☐Y/☐N/ ☐Conditional			

Remarks:

Checked/Accepted by Licensing Officer:

Signature

Date:

Comments:

Endorsed by ANSI:

Signature:

Date:

Comments:

Approved by SPELI:

Signature:

Date:

Fees	
Receipt No./Date	