CIVIL AVIATION AUTHORITY OF FIJI
ISO 9001:2015 Certified

Aviation Language Proficiency (ALP) Application Form

PL 111C

IMPORTANT

Completed applications should be sent to the Personnel Licensing office, Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji or delivered to the Personnel Licensing Office at CAAF headquarters

SECTION 1— PERSONAL PARTICULARS OF APPLICANT

Full Name (Surname First)	
License Number:	
License Type:	
Client ID (ASPEQ):	
Address:	
Telephone Number:	
Email:	
Nationality:	
Native Language:	
Other Language Spoken:	
Gender	☐ **Male** ☐ **Female**

Educational Background

☐ **High School** ☐ **Vocational** ☐ **Diploma** ☐ **Undergraduate** ☐ **Postgraduate**

Tick (√) appropriate box above

Aviation Related Training Course During the Last 3 Years

Professional Background

Period of Service (Years)	Employer	Position/ Title

SECTION 2 — AVIATION LANGUAGE PROFICIENCY PARTICULARS

Tick (√) appropriate box

Select Assessment Type: **Initial** ☐ **Renewal** ☐ **Retest** ☐

Select the appropriate assessment category for this application:

Assessment Category:	
Flight Crew (Pilots)	☐
Air Traffic Controller (ATC)	☐
Aeronautical Station Operators License (ASOL)	☐
Aircraft Maintenance Engineers License (AMEL)	☐

SECTION 3 — APPLICANT DECLARATION

I declare that all statements in this form are true and correct, and I acknowledge that by providing my details below and submitting this application:
· This satisfies the requirements for me to sign this application.
· I will be commit an offence if I make false or misleading statements in my application

Full Name: _____ **Signature:** _____

Date _____

CAAF Official Use

Form assessed for completion : Yes ☐ **No** ☐
Tick (√) appropriate box above

Received By: _____ **Signature:** _____

Received Date _____