



CIVIL AVIATION AUTHORITY OF FIJI

ISO 9001:2015 Certified

Air Transport Pilots Licence (Aeroplane) Assessment Application PL 103L

1. Applicants Detail

Full Name:

Licence Number

Date of Birth

Phone Number

Email Address

2. Medical

I. Do you currently hold a valid class one unrestricted medical certificate?

Yes ☐ No ☐ (tick (✓) selected response)

If your answer is "No" to the above, you must provide details below.

3. Instrument Rating

I. Do you currently hold a valid instrument rating?

Yes ☐ No ☐ (tick (✓) selected response)

II. State the aircraft type in which the latest instrument rating test was conducted?

4. Technical Examination

I. Have you completed all the required ATPL technical knowledge examination within the required time

Yes ☐ No ☐ (tick (✓) selected response)

5. Aeronautical Experience

To be eligible for an ATPL - A, applicants must meet the following minimum aeronautical experience prior to the flight test. You must ensure you meet the requirements of the experience specified in the *Standard Document—Personnel Licensing, Section 2 Chapter 5, paragraph 5.3.*

Flight time in an Aeroplane must be completed in a registered or recognized Aeroplane.

Flight Time Details	Single Engine		Multi Engine		Total
	Flight hours (Day)	Flight hours (Night)	Flight hours (Day)	Flight hours (Night)	
Dual					
PIC					
ICUS					
Co-Pilot (as first officer)					
In flight Cruise Re- lief					

6. Aircraft Type Ratings

State your aircraft type ratings under each of the MTOW category below.

MTOW	Aircraft Type
≤ 5,700 Kgs	
> 5,700 Kgs	

6. Specific Aeronautical Experiences

6a. Cross Country Experience

Types of Experiences	Hours By Day	Hours By Night
Total cross country flight time in an aeroplane		
Cross country flight time in an aeroplane as PIC		
Cross country flight in an aeroplane as PICUS		
Cross country flight time in an aeroplane as Co-Pilot		

6b. Night Experience

Type of Experience	Total Hours
Total flight time in an aeroplane as PIC	
Night flight time as PIC	
Night flight time as PICUS	
Night flight time as Co-Pilot	

6c. Instrument Time

Type of Experience	Total Hours
Total instrument time (ground + flight)	
Instrument flight time in aeroplane	

7. Assessment Checklist

The following documentations are to be submitted for assessment: (Tick actioned)

Completed Assessment Form

☐

Updated & verified logbook(s)

☐

Original copies of all the technical knowledge examinations

☐

8. Application 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 committing an offence if I make false or misleading statements in my application.

Full Name:

Date:

Signature:

9. CAAF Official Use

Received by :

Received Date:

Form assessed for completion & supporting documentation received:

Yes ☐

No ☐

10. Assessment Outcome

Applicant meets requirements for ATPL Issue:

Yes ☐

No ☐

Comment:

Assessors Name:

Signature:

Date: