	Civil Aviation Authority of Fiji **Application for Authorisation to Operate Remotely Piloted Aircraft Systems in Fiji**	Form **OP 138**

IMPORTANT

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with the documents required under Section 2 and personal Flying Log Book. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 *Forgery, etc., of documents,* of the Air Navigation Regulations.

This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

Please read the attached Guidance Notes before completing this form. Email completed form to Drones@caaf.org.fj

1. TYPE OF APPLICATION: (tick applicable box)

Initial Issue of:	Authorization for Aerial Work(s) for (RPAS)	☐
Renewal of:	Authorization for Aerial Work(s) for (RPAS)	☐
Variation to:	Authorization for Aerial Work(s) for (RPAS)	☐

Previous Authorization (if applicable) Reference: ..... Expiry date: .....

Classification of RPAS: **Small** ☐ (<2kg - >7kg) / **Medium** ☐ (7kg - 25kg) / **Heavy** ☐ (>25kg (Tick applicable)

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAAF charges)

a) Individual (including sole traders and partnerships)

Name: ..... Position: .....

Address: .....

Phone (Office): ..... (Mobile): .....

Fax: .....

Email: .....

Website: .....

In the case of a partnership, please complete details of all partners. Continued on a separate sheet
This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

b) Company

Registered Company Name (in full):

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Country of Company Registration: .....

Postcode: ..... Telephone: ..... Fax: .....

E-mail: .....

Trading Name: (if applicable): .....

Trading Address (primary site): .....

Country: ..... Postcode: .....

Website: .....

AUTHORISED REPRESENTATIVE OF COMPANY

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: ..... First name: ..... Surname: .....

Position in Company:.....

Telephone No: ..... E-mail: .....

If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

3. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address (if different from above):

.....

..... Postcode: .....

4. RPAS REMOTE PILOT(S)

Remote Pilot's Name:…….....

Remote Pilot's Flying Experience:.....

Remote Pilot's Qualification Held:.....

Additional Remote Pilot / Observer (if applicable).....

5. RPAS

	First RPAS	Second RPAS
Name:	.....	.....
Manufacturer:	.....	.....
Type:	.....	.....
Registration / Serial Number:	.....	.....
Wing / Rotor span (m)	.....	.....
Overall Diameter (multi-rotors only) (m)	.....	.....
Length (m)	.....	.....
Mass (kg)	.....	.....
Command and Control Frequency	.....	.....
Number of Engines	.....	.....
Engine Type	.....	.....
Piston	..... (CC)	..... (CC)
Turbine	..... (Thrust)	…..... (Thrust)
Electric	..... (Size)	..... (Size)

SECTION 3 FIT AND PROPER PERSON

THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 53 (2) OF THE AIR NAVIGATION REGULATIONS 1981 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON.

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 a higher licence?

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b) Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?

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c) Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence?

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d) Have you any history of physical or mental health or serious behavioural problems?

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If answering "YES" to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked ***"Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name***, and attach to this application.

Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17A (5) (b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application.

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct.

I hereby authorise the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application, to the Chief Executive, Civil Aviation Authority of Fiji.

Signature of Applicant _____ Date: _____

FOR OFFICIAL USE ONLY

Examiner authority checked ……..

ACCEPT

REJECT because: ……..…

Signature …….. Date ……

			Calculation
Fee			
Part:			
Item:			
Time :	From		
	To		
Travel:	From		
	To		
Transport			
Accommodation			
Overhead			
Receipt No.			
Date			