

Civil Aviation Authority of Fiji

Fit and Proper Person Form

Form CA 107B

Note: This form must be accompanied by an application form for nomination of an Accountable / Nominated senior person (CA 107A) - do not send in this form separately.

Instructions for completing this form - please read

- 1. Fit and Proper determinations can only be made at the time of application for an aviation document or nomination (change of nomination) for a senior position.
- 2. This Fit and Proper Person form must accompany every application for an aviation document or for the nomination of a senior person appointment.
- 3. A Fit and Proper Person Declaration (CA 107C) may only be used by applicants who have been determined Fit and Proper previously by the Authority and:
 - · within the past 24 months who have completed this Fit and Proper Person form, and
 - where the facts and information declared previously remain unchanged.
- 4. Further instructions are contained in the grey boxes in the left hand margin throughout the Form.
- 5. Forms which are incomplete or lacking any required documents will be returned.
- 6. Note: In accordance with Civil Aviation (Fees & Charges) Regulations, there is a charge to cover the cost of processing the Fit & Proper Person Applications, whether or not the Fit & Proper Person Approval is granted.

SECTION 1. PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)

Title (Mr/Mrs/Ms/Miss)	l	_ast Name					
Given Name(s)	-						
Country of Birth		Nationality		Date of Birth (dd/mm/yy)			
Address for Service in Fiji – co to your Address for Service.	omplete this section if th	is information is	not an accompanying a	application form. Please noti	fy CAAF of any changes		
Tel			Mob				
Fax			Email				
Detailing education, training, qualifications and relevant polelled during the past ten years be attached to this form.	sitions s must Designation of person named	Name of Organization Designation of position for person named in Section 1					
If you need to continue on sep sheets, these may be attache separate envelope marked 'Confidential'.	parate	Responsibilities the person named in Section 1 will assume as defined in the relevant SD requirement - A CURRICULUM VITAE					
SECTION 3. CONFIRMA	ATION OF IDENTITY	Y					
Please enclose a COPY of any one of the following items to confirm your identity, duly certified by a Justice of the Peace or Commissioner for Oaths.			1. A Fiji Dri 2. A full bir	ivers licence th certificate			

A Fiji or overseas passport

Please tick the included item.

The copy must be of a current (unexpired) document.

SECTION 4. FIT AND PROPER ASSESSMENT

THE INFORMATION SOLICITED HEREIN IS		the following questions, please tick the relevant box	Yes	No
REQUIRED PURSUANT TO SECTION 14 3(b)(c) and (d) OF THE CIVIL AVIATION AUTHORITY OF FIJI ACT 1979 AS AMENDED BY SECTION 30 OF THE CIVIL AVIATION REFORM ACT 1999, PERTAINING TO DECISIONS TAKEN BY INDUSTRY MANAGEMENT AT ALL LEVELS FOR THEIR IMPACT ON SAFETY. Please ensure you complete all sections, a to k:	a)	Have you, in any country including Fiji, previously had an application for an aviation document rejected?		
	b)	Have you, in any country including Fiji, been the holder of an aviation document which has been suspended or revoked (other than a certificate or registration approval that has been suspended by a replacement or a higher certificate or registration approval)?		
	c)	Have you, in any country including Fiji, been convicted of any aviation safety regulatory offence?		
	d)	Have you, in any country including Fiji, during the past 5 years been issued a warning letter in relation to any aviation regulatory issues?		
	e)	Are you, in any country including Fiji, presently facing charges any aviation safety regulatory offences?		
Note:	f)	Have you, in any country including Fiji, been convicted for any offence?		
If you answer "Yes" to any of the questions, please provide	g)	Are you, in any country, including Fiji, presently facing charges for any offence?		
details below. If you need to continue on separate sheets, these may be attached in a separate envelope marked 'Confidential'.	h)	Have you any history of adverse physical or mental health or serious behavioural problems?		
	i)	Have you or you on behalf of an organization that you have been part of in any manner whatsoever or employed within the last 5 years preceding the date of this application have been investigated for a breach or contravention of any aviation laws, regulations, procedures, principles, protocols, rules and code of practice implemented in Fiji or elsewhere. If so please provide full particulars together with the outcome of any such investigation.		
	j)	Do you or you on behalf of an organization that you have been part of in any manner whatsoever or employed with have any investigation pending in relation to breach of any aviation laws, regulations, procedures, principles, protocols, rules and code of practice in force in Fiji or elsewhere? If so please provided full particulars of the complaint and disclose at what stage the investigation has reached.		
	k)	Have you or you on behalf of an organization that you have been part of or employed with ever been in the last 5 years preceding this application found guilty or responsible for a breach or contravention of any aviation laws, regulations, procedures, principles, protocols, rules and code of practice implemented in Fiji or elsewhere? If so please provided please provide full particulars together with the outcome of any such decision.		
Details/Explanation – <i>Please a</i>	ttach	n separate pages if required. These should be signed and dated.		
		Separate pages	attach	ed 🗆
				

THE INFORMATION	For	For the following question, please tick the relevant box			
SOLICITED HEREIN IS	a)	Were you in the last 5 years preceding this application within the jurisdiction of			
REQUIRED PURSUANT TO		Fiji?			
SECTION 14 3(b)(c) and (d)	-	es, provide a reference in writing containing the information in relation to your professing the aviation authority or like authority in the jurisdiction you were regulated			
OF THE CIVIL AVIATION	em	ployment or operations preceding this application.			
AUTHORITY OF FIJI ACT					
1979 AS AMENDED BY					
SECTION 30 OF THE CIVIL					
AVIATION REFORM ACT					
1999, PERTAINING TO					
DECISIONS TAKEN BY					
INDUSTRY MANAGEMENT					
AT ALL LEVELS FOR THEIR					
IMPACT ON SAFETY.					

SECTION 5. CRIMINAL CONVICTION / AVIATION OFFENCE HISTORY

All applicants must provide official records of their Criminal and Aviation Offence History from all countries, including Fiji, which they have resided in for more than 6 consecutive months within the past 5 years.

Country

relevant dates that you have resided in for a consecutive period of more than 6 months within the past 5 years.	1. 2. 3.
When obtaining the official records for: 1. Fiji - complete sections a) 2. Other countries – complete section b) Note: • The conviction report must be submitted with this form. • They must be current within 3 • months of date of application • They may be attached in an envelope marked 'Confidential'.	 (a) Attach a report of your criminal record history from the Fiji Police Force - issued within the immediately preceding 3 months of the date of application. This report can be obtained by submitting a Police Clearance form to the Fiji Police Force. DO NOT request a record of any convictions that will be concealed if you meet the eligibility criteria pursuant to the Rehabilitation of Offenders (Irrelevant Convictions) Act 1997. The Police Clearance form can be downloaded from the Fiji Police Force website http://www.police.gov.fj (b) Attach a report of your criminal record history (including aviation offence history) from all countries outside Fiji, in which you have resided in for more than 6 consecutive months within the last 5 years - issued within the immediately preceding 3 months of the application.

List all countries, including Fiji, with

То

From

SECTION 6. DECLARATION

I,	of		, hereby solemnly		
and sincerely declare that th	e information and particulars provided in support	of this Applicat	ion for a		
are true and correct.					
AND I make this solemn dec	aration believing the same to be true and by virtue	e of the Statuto	ry Declarations Act.		
This	day of,				
at	after the contents hereof were explained				
to him/her in the English lang	uage and he/she appeared fully to`				
understand the meaning and	effect thereof.				
	J				
Commissioner of Oaths / Just [Please print name and affix					
[Fredde print righte and anix	samp or commissioner;				
Consent to Disclosure and	Collection				
	CAAF or his delegate from, and the disclosure to				
department of any details of the following information about me: my knowledge and compliance with aviation safety regulatory requirement; my physical or mental health or serious behavioural problems; any criminal investigations, charges or convictions, including any matters relating to any aviation safety offence. However I do not consent to the release of any information to which the					
	pursuant to the <i>Rehabilitation of Offenders (Irrele</i>				
	disclose, the information obtained about me for a	ny purpose ass	ociated with the lawful functions of the		
Civil Aviation Authority under	the Civil Aviation Act 1976.				
Applicant's Signature		Date			
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SECTION 7. APPLICANT'S CHECKLIST

Note: This Form must be accompanied with the application form CA 107A - do not send in separately

					Yes N/A
Please ensure all	1)	Confirmation of Identity - do	uly certified by a Com	missioner for Oaths	
documents are enclosed.					шш
Applications which are	2)	2) Fiji Police Force Report - issued within the immediately preceding 3 month			
incomplete or lacking any	-,	(or equivalent from overseas - original or certified copy)			
required documents will	3)	Civil Aviation Report - issued within the immediately preceding 3 months (c			
be returned.		equivalent from overseas -	original or certified c	ору)	
	4)	Current CV			
Note: Keep a copy of this completed form.	5)	Copy of current job descrip	tion for the position		
completed form.	0)	0 () () () ()	P 11 \		
	6)	Copy of work permit (if app	licable)		
CAAF USE ONLY Assessment					
Fit and Proper:	Yes□	No 🗌			
Name			Signature		
Position			Date		