

Civil Aviation Authority of Fiji

ISSUE /RENEWAL OF AN AERODROME CERTIFICATE

Form GS 300

1. Applicant/Aerodrome Details

	<u>, </u>								
(a)	Legal name of Applicant/organization:								
			The certificate will be issued in this name						
(b)	Name of aerodrome								
(c)	Trading name: (if different from (a))								
(d)	Address for Service:								
	Tel: Fax:				Email:				
(e)	Postal Address: (if different from								
	Address for Service)								
	Tel: Fax:		•		Email:				
			(Orde	r number/con	tact person	or other refere	псе)		
2.	Reason for Application (tick appropriate box)								
	Initial Issue		Rene	ewal 🗌					
	Type of operation (tick appropriate box):-								
	Commercial – International	С	ommercial – D	Oomestic					
	Private Use	Α	erial Work						
3.	Questionnaire								
·									
							Yes*	No	
(a)	Has the organization been convicted of an air transport safety offence in the last five years or is the organization presently facing charges for an air transport safety offence?								
(b)	Has the organization previously had an application for an aviation document rejected or has an aviation document held by the organization been suspended or revoked?								
"Con	swering "Yes" to any of the above, please p fidential, Controller Ground Safety, Civil Av icate being applied for.								
4.	Aeroplanes for which the aerodro	me f	facilities	s are intended	t				
Aero	planes having a certificated seating			Aeroplanes	above 5700	kg maximum			
Capa	Capacity in excess of 30 passengers certificated take-off weight								
	roplanes at or below 5700 kg maximum Helicopter Helicopter								
Larg	gest aircraft to use the aerodrome								



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`	Aeroarome	Limitations

5. Aerodrome chinications
Provide a brief summary of any limitations applicable to the aerodrome; aerodrome design, facilities or services.
(Ref. SD-AD Chapter 2.2 and 2.9.5(5))
6. Senior Persons
For initial issue or for a change of Senior Person(s), a separate form CA107A must accompany this application for each of the senior persons nominated below.
List of Senior Persons and their areas of responsibility – Ref. SD-AD Chapter 2.3 (a) (1) and (2)
7. Declaration
This application is made for and on behalf of the applicant/organization identified in 1(a). I certify that I am empowered
by the applicant/organization to ensure that all activities undertaken by the applicant/organization can be financed and carried out in accordance with the standard required by the Authority.
I declare that to the best of my knowledge and belief the statements made and the information supplied in this
application and the attachments are complete and correct.
Full name of Authorised person
Signature of Authorised person:
Date of application: Client No (if known):
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) and (6) of the Civil Aviation Authority Act 1979 and is subject, in the case of a body corporate, to a maximum fine of \$50,000.
The Completed application, together with appropriate supporting Aerodrome Manual and Exposition (where required), should be submitted to:
Controller Ground Safety
Civil Aviation Authority of Fiji (CAAF) Private Mail Bag
NAP 0354
Nadi Airport
Fiji
OFFICE USE ONLY
1. Received by:
4. Completed by: 5. Certificate Issue date:
T. Completed by: