**Application for Air Transport Operations by a Foreign Operator – Initial/Renewal/Variation** (Delete as applicable)
**(To be completed by a foreign air operator for an approval to conduct operations in Fiji)**
**Section 1. To be completed by air operator**

**A**

| 1. Company registered name and trading name if different. Address of company: mailing address; telephone; fax; and e-mail. | 2. Address of the principal place of business including: telephone; fax; and e-mail. |
|---|---|

| 3.  Proposed Start Date of Operations:<br><br>(dd/mm/yyyy): | 4.  ICAO 3-letter Designator for aircraft operating agency: |
|---|---|

5.  Operational Management Personnel

| Name | Title | Telephone, fax and e-mail |
|---|---|---|
| | | |

**B. Type of approval requested -**

6      Air operator intends to conduct commercial flights to and from aerodromes in Fiji

| 7. Air Operator proposed types of operation: | 8. Geographic areas of intended operations and proposed route structure: |
|---|---|
| ☐ Passengers and Cargo<br>☐ Cargo Only<br>☐ Scheduled Operations<br>☐ Charter Flight Operations<br>☐ Dangerous Goods | |

**C.**

9. Provide location on board or provide separate documentation where individual aircraft nationality and registration marks are listed as part of the aircraft fleet operated within Fiji territory under the air operator certificate:

Provide following information:

Section C cont'd

| Aircraft Type (make, model and series, or master series) | RVSM-[3] Approval | ETOPS-[3] | GNSS[3] | RNP[3] | PBN[3] | RNAV[3] | Noise-[4] Certification (Annex 16 Ch.) | Remarks |
|---|---|---|---|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

Attach copies of:

☐   Air Operator Certificate and associated operations specifications;

☐   Insurance certificate;

☐   In case of wet-lease of aircraft: approval of CAA of the State of the Operator, with identification of the operator that exercises operational control on the aircraft; and

☐   Permit issued by the Minister under the Civil Aviation (Licensing of Air Services) Regulations.

**I declare that the information supplied by me in this application form is true, correct and complete.**

| Signature of operator representative: | Date (dd/mm/yyyy): | Name and Title: |
|---|---|---|
| | | |

| **Section 2.  To be completed by the CAAF** |
|---|

| Evaluated by (Name and Title): | CAAF Decision: ☐ Approval granted   ☐ Not approved |
|---|---|

| Remarks: |
|---|
| |

| Signature of CAAF representative: | Date (dd/mm/yyyy): |
|---|---|
| | |

**Note : 3 As approved by the State of the Operator**

**4 As approved by State of Registry**