

Civil Aviation Authority of Fiji

AVIATION SECURITY INSTRUCTORS CERTIFICATE - APPLICATION

Form SF106B

Complete application form and attach the following -

- Initial issue of a certificate to a new applicant will have to be accompanied by two (2) passport size photos, police clearance, AVSEC Training certificates and CV.
- For renewal, complete form SF 106B.

Note: Submit application 4 weeks in advance to allow time for processing.

SECTION A: Applicants Particulars

TO BE COMPLETED BY APPLICANT	(Tick applicable	✓ box below)		
First Name Middle Nam		e(s)	Surname	
Mailing Address:		Nationality:		
Residential Address:		Date of Birth (dd/mm/yyyy):		
Phone No	(Res.)	Gender: Male:	Female:	
Email Address:		Phone No. (C70)		
Employer's Name:		Phone No: (679)		
SECTION B: AVSEC Background and Occupation:		ded 2. AVSEC Background		
1. Aviation Background (check correct one):		No. Of years operation experience:	onal	
	port ound Services	-		
3. AVSEC Training courses completed(local, real Title of course	egional or interna	itional)	Year	

SECTION C: Certification Rating

□ New Certificate □			☐ Renewal / Replace	Renewal / Replacement * of Certificate No:					
Certification Rating									
1.	Airpor	t operations		3.	Cargo				
2.	Airline	e Operations		4.	Supervisor				
	2.1	Foundation		5.	Management				
	2.2	Flight Deck and	Cabin Crew	6.	Bomb Threat & PTI				
	2.3	Ground Services		7.	Recognition of IED				
	2.4	Management		8.	All				
The information solicited herein is required pursuant to Regulation 3C of the Civil Aviation (Security) Regulations.									
(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked? ☐ Yes ☐ No If answering "yes", please give details:									
(b) <i>A</i>	Are you	familiar with the sec	curity procedures applicable fo	or the air	port?	☐ Yes ☐ No			
I certify that the above information is correct that the enclosed copies of my personal documents are authentic and that the information provided is true and correct. I further authorise the Authority to use the information concerning me on this form or attached hereto for any purpose as required or authorised by law. I further authorise such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority. Signature of Applicant: Date:									
Signature of Authorising Officer: Designation: Date:									
OFFICIAL USE ONLY									
Date Application Received:			R	Received By:					
	Polic	e Clearance	AVSEC Training Recor	d 2	PASSPORT SIZE PHOTO	CV			
		Y/N	Y/N		Y/N	Y/N			
Re	marks:	Y/N	Y/N		Y/N	Y/N			
		Y/N by Inspector	Y/N	(Signa	Y / N ature)	Y/N (Date)			
Ch		by Inspector	Y/N	(Signa					
Ch	ecked b	by Inspector s:	Y/N						
Ch	ecked k	by Inspector s:	Y/N		ature)	(Date)			