

Civil Aviation Authority of Fiji AVIATION SECURITY QUALITY CONTROL OFFICERS APPROVAL - APPLICATION

Complete application form and attach the following -

- Initial issue of an Approval 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 106C. 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 Name	liddle Name(s)		Surname	
Mailing Address:		Nationality:			
Residential Address:		Country of Birth:			
		Date of Birth (dd/mm/y	ууу):		
Phone No:	(Res.) (Mobile)	Gender: Ma	ıle:	Female:	
Email Address:					
Employer's Name:		Phone No: (679)			
Address:		Fax No : (679)			

SECTION B: AVSEC Background and Training Attended

Occupation: 1. Aviation Background (check correct one): CAA (State or Regulatory) Airport Airline Ground Services		2. AVSEC Background No. Of years operational experience:		
3.	Others AVSEC Training courses completed(local, regional or interr Title of course	national)		
			Year	

SECTION C: Approval Rating									
□ New Approval		Renewal / Replacemen	(*Delete as applicable)						
Approval Rating									
1. Airport operations			4. Ground Hand	dling Service Provider					
2. Airline Operations			5. Aviation Secu	urity Service Provider					
3. Cargo			6. Catering Ser	vice Provider					
I. Air Cargo Oper	ator								
II. Regulated Age	nt								
The information solicited	nerein is required pur	suant to Regulation 3B of	the Civil Aviation (S	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)Are you familiar with th	e security procedure	s applicable for the airport	?		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: Received By:									
Police Clearance	e AVS	EC Training Record	2 PASSPORT	SIZE PHOTO	cv				
Y / N		Y / N	Y	/ N	Y / N				
Remarks:									
Checked by Inspecto	ector (Signature)				(Date)				
Comments:									
Approved by:	(Signature)				(Date)				
Fees									
Receipt No./Date									