



Civil Aviation Authority of Fiji

**Application for Renewal of an Approved Maintenance
Organization Certificate for Aeronautical
Telecommunications (Pursuant to ANR No. 145C)**

Form
GS 408B

This form is to be used for the renewal of a current certificate held by an organization and where the services, facilities, number of personnel or organization details are identical to that of the current certificate authorization. Where an organization seeks to renew a certificate but with additional or lesser authorizations to that currently held, or where there is a change to the services provided, facilities (types), number of personnel or organization details then form GS408, initial application form should be used

| Organization Details | | | | | | |
|---|-----------|---------------------------|-------------------------|-------------------|----------------------|----|
| Legal name of organization <i>(Certificate will be issued in this name)</i> | | | | | | |
| Current Certificate No | | | Validity period | | | |
| Tel: | | Fax: | | Email: | | |
| State validity period sought: | | | | | | |
| Radio License issued by the Telecommunication Unit valid for the renewal period sought & for each facility requiring licensing? Yes <input type="checkbox"/> No <input type="checkbox"/> Attached valid license | | | | | | |
| The following questions must be answered. | | | | | Questionnaire | |
| | | | | | Yes | No |
| (a) Has the organization been convicted for any aviation safety offence since the issue of previous certificate, or is the organization presently facing charges for an aviation 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? | | | | | | |
| * If answering "Yes", please provide details on separate sheets. | | | | | | |
| Services | | Facility | | Location/Airspace | | |
| | | | | | | |
| Senior Personnel | | | | | | |
| Has there been a change to the identity of the accountable persons since certificate last issued? | | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Explain if answering yes: | | | | |
| Current List of Senior Persons and their areas of responsibility. | | | | | | |
| Name | Job Title | | Areas of responsibility | | | |
| | | | | | | |
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Exposition / Operations Manual of Aeronautical Telecommunications

If not previously done forward amendments with this application form.

Declaration

This application is made for and on behalf of the organization identified above. I certify that I am empowered by the organization to ensure that all activities undertaken by the organization can be financed and carried out to the standard required by the Authority.

I certify that the above information provided is true and correct and the enclosed copies of the attached documents submitted with this application are authentic. I authorize the Authority to use the information on this form or attached hereto for any purpose as required or authorized by law. I further authorize such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the Authority

I consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Civil Aviation Authority of the Fiji Islands.

Signature of (nominated) Accountable Manager and
Company Stamp:

Date of application:

Notes:

- (a) The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence of Air Navigation Regulations No. 128.
- (b) Legal name of organization: A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the company's office Certificate of Registration.
- (c) For initial issue or for a change of Senior Persons, a declaration form prescribed by 8.2 will need to accompany this application for each of the senior persons nominated in the form.
- (d) The completed application and supporting documentation, should be submitted to:

**Chief Executive
Civil Aviation Authority of the Fiji Islands
Private Bag, Nadi Airport, Republic of the Fiji Islands**