



ISO 9001: 2015 CERTIFIED

Civil Aviation Authority of Fiji
APPLICATION FOR ISSUE/RENEWAL –
AERONAUTICAL METEOROLOGICAL SERVICE PROVIDER
CERTIFICATION

FORM
GS600

Organisation Details

Name of organisation
(Certificate will be issued in this name)

Address for service

Postal address

Tel:

Fax:

Email:

Organisation structure diagram (provide on a separate sheet and attach with this application)

Empty box for organisation structure diagram

Reason for Application – Mark appropriate box

Initial issue

Empty box for initial issue

Renewal

Empty box for renewal

Questionnaire - *Delete as applicable. If answering "Yes", please provide details on separate sheet

The following questions must be answered: -

(a) Has the organisation been convicted for any transport safety offence in the last five years or is the organisation presently facing charges for a transport safety offence?

Yes/No*

(b) Has the organisation previously had an application for an aviation document rejected or has an aviation document held by the organisation been suspended or revoked?

Yes/No*

(c) Has the organisation contracted out services?

Yes/No*

(d) Has the organisation been contracted to provide services?

Yes/No*

Aeronautical Meteorological Service to be provided

Climatology service

Empty box for climatology service

Meteorology Briefing Service

Empty box for meteorology briefing service

Forecast Service

Empty box for forecast service

Meteorology Reporting Service

Empty box for meteorology reporting service

Information Dissemination Service

Empty box for information dissemination service

Meteorology Watch Service

Empty box for meteorology watch service

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Location

For each service applied for indicate as applicable the name of the aerodrome/airspace being serviced and hours of service.

<i>Services</i>	<i>Aerodrome/Airspace & Hours of Service</i>

Senior Personnel

List of Senior Persons and their areas of responsibility.

<i>Name</i>	<i>Job Title</i>	<i>Areas of responsibility</i>

Personnel

Indicate number of persons to employed in the organisation.

Aeronautical Meteorology Personnel

1-5	<input type="text"/>	6-10	<input type="text"/>	11-50	<input type="text"/>	51-100	<input type="text"/>	>100	<input type="text"/>
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Training

Indicate type of training to be undertaken within the organisation for personnel.

Exposition / Operations Manual

This must be provided with initial application and updated as required by Rules and Standards issued by the Authority.

List of Operations Manuals submitted with the Exposition (Name and Effective date)

Industry Consultation

Does the applicant wish to (continue to) participate in the **Industry Consultation** process?

Please circle one Yes No

If uncertain, details of the process is available in an AIC available on the Authority's website; www.caaf.org.fj

If the applicant wishes to participate or continue participating, please provide details of your representatives below –

Name	Title	Email	Phone	Specialization

Please note that you may have more than one nominated representative and may nominate that different representatives should be consulted on different matters – the choice of topics is the subject matters of various ICAO Annexes – as described in the AIC on the Industry Consultation Process.

It is recommended that you have more than one nomination so that you do not lose a consultation opportunity should one person not be available for technical or other reasons.

(*CAAF GSD – refer industry consultation details to Standards to update the nominated person's details)

Declaration

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation 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 authorise the Authority to use the information 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

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 Fiji.

Full name of (nominated) Chief Executive / Accountable Manager:

Signature of (nominated) Chief Executive / 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) *Name of organisation: 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 9.2 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 Fiji
Private Bag, Nadi Airport, Republic of Fiji**