

APPLICATION FOR ISSUE/RENEWAL – AIS PROVIDER CERTIFICATION

Organisation Details			
Name of organisation <i>(Certificate will be issued in this name)</i>			
Address for service		Postal address	
Tel:		Fax:	
Email:			
AIS organisation structure diagram <i>(provide on separate sheet and attached with this application)</i>			
Reason for Application – Mark appropriate box			
Initial issue <input type="checkbox"/>		Renewal <input type="checkbox"/>	
Questionnaire - *Delete as applicable. If answering “Yes”, please provide details on separate sheet			
The following questions must be answered: -			Yes/No*
(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 organization contracted out services?			Yes/No*
(d) Has the organization been contracted to provide services?			Yes/No*
Aeronautical Information Service to be provided			
Aeronautical Information Publication <input type="checkbox"/>	AIP & Supplements Amendment Service <input type="checkbox"/>		
AIP Supplements <input type="checkbox"/>	NOTAMs <input type="checkbox"/>		
Pre-flight Information Bulletin <input type="checkbox"/>	Checklists and List of Valid NOTAMs <input type="checkbox"/>		
Aeronautical Charting <input type="checkbox"/>			
Location			
For each service applied for indicate as applicable the name of the aerodrome/airspace being serviced. Where new airspace or a change in classification of existing airspace is proposed include full details.			
<i>Services</i>	<i>Aerodrome/Airspace</i>		
<i>Use an additional sheet if necessary and submit a separate application for each separate AIS unit</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 be employed in the organisation.			

Aeronautical Information Services personnel:
1-5 6-10 11-50 51-100 >100

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

Basic Air Traffic Control (ICAO 052) <input type="checkbox"/>	Fundamentals of Aeronautical Information Service <input type="checkbox"/>
Aeronautical Cartography <input type="checkbox"/>	ICAO Pans-Ops Instrument Flight Procedure Design OJT (On-the-Job Training) <input type="checkbox"/>

Exposition / AIS Manual
This must be provided with initial application and updated as required by SD-AIS.

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 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*