



Civil Aviation Authority of Fiji
**Application for Issue and Renewal of a
Flying Training Permit**

Form
PL 100

IMPORTANT

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with the documents required. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 *Forgery, etc., of documents*, of the Air Navigation Regulations.

SECTION 1 PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)

Full Name (Surname first) _____

Flying Training Permit Number (If Renewal) _____

Address to which permit is to be returned, _____

and contact number _____

SECTION 2 APPLICATION

I hereby apply for the ISSUE RENEWAL of a Flying Training Permit.

Evidence of the following is also attached in support of this application:

Medical Fitness (ISSUE/RENEWAL)

a current class 1 or 2 (Minimum) medical examination conducted by a CAAF approved AMA (including audiogram, electro-cardiogram and any other test deemed necessary by the medical examiner)

Fee (ISSUE/RENEWAL) (Refer Civil Aviation (Fees and Charges) Regulation)

permit issue/renewal fee

Photograph (INITIAL ISSUE ONLY)

2 passport size colour photograph (signed and dated on the back)

Proof of Identification (INITIAL ISSUE ONLY)

Passport, or Birth Certificate together with a Photo ID

Police Clearance (INITIAL ISSUE ONLY)

Police Clearance

SECTION 3 DETAILS OF ANY LICENCE HELD (in BLOCK CAPITALS please)

State of issue: _____ Date of issue: _____

Type of licence and number _____ Date of expiry of Licence _____

Date and place of last medical examination _____

Date of expiry of medical (Class 1 or 2) _____

Details of any endorsements/limitations _____

Details of other licences held (if any) _____

SECTION 4 DETAILS OF FLYING EXPERIENCE, IF ANY (ISSUE/RENEWAL)

Total hours
Last 12 months

SECTION 5 TRAINING INSTITUTION (ISSUE/RENEWAL)

Name of company/flying club and location where training will be undertaken
Name of Chief Flight Instructor
Signature of Chief Flight Instructor

SECTION 6 FIT AND PROPER PERSON (ISSUE/RENEWAL)

THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 53 (2) OF THE AIR NAVIGATION REGULATIONS 1981 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON.

- a) Have you previously had an application for an Aviation Document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?
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- b) Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence ?
.....
- c) Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence ?
.....
- d) Have you any history of physical or mental health or serious behavioural problems ?
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If answering "YES" to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked "**Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name**", and attach to this application.

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Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17A(5)(b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application.

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct.

I hereby authorise the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application, to the Chief Executive, Civil Aviation Authority of Fiji.

Signature of Applicant

Date:

FOR OFFICIAL USE ONLY

Applicable Fee Received Cash/Cheque Official Receipt No
(Licensing Officer)

Date of Medical assessment..... Result: FIT/UNFIT Limitations: YES/NO

Issued Permit No: Valid from..... to

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