



ISO 9001: 2015 CERTIFIED

AERONAUTICAL FACILITY TECHNICIAN'S LICENCE- APPLICATION

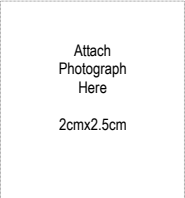
(For Electrical and Mechanical Services Personnel)

Complete application form (2 pages) and

- (a) DME certification on ability to perceive correctly red, green, white colors and no mobility disability, hearing or speech defect that interfere with safety of duties.
(b) Initial issue of licence/rating - Evidence that required training has been satisfactorily completed meeting the SD-Aeronautical Facility Technician's Licence, certified Rating Board Examination Results and a passport size photograph.

Renewal of Licence - Provide results of Licence re-validation examination.

Note: Submit application 2 weeks in advance to allow time for processing.



The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.

Table with 2 columns: Question and Answer options. Rows include: (a) Have you previously had an application for an aviation document rejected... (b) Have you been subjected to a 'stand-down' from solo technical duties? (c) Have you been convicted in any court of law of any transport safety offence... (d) Have you been convicted in any court on any criminal charge... (e) Have you any history of physical or mental health or serious behavioral problems?

**If answering 'Yes' to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked 'Confidential, Controller of Ground Safety, Civil Aviation Authority of Fiji'. Include name and Licence applied for.



Civil Aviation Authority of Fiji
AERONAUTICAL FACILITY TECHNICIAN'S LICENCE-APPLICATION

Form
PL 103H

(For Electrical and Mechanical Services Personnel)

TO BE COMPLETED BY APPLICANT		<i>(Tick applicable box <input checked="" type="checkbox"/> below) (* Delete as applicable)</i>
First Name	Middle Name	Surname
Address: _____ Phone No: _____(Res.)____(Wk.) Nationality: _____ Country of Birth: _____ Date of Birth (d/m/y): ___ / ___ / ___		Licence Re-Validation or Rating Competency Results Marks: Afl: _____ % Papi: _____% S/by: _____PBB: _____% Pass/Fail * Date of Examination: _____
Medical Exam Date: _____ Pass/Fail <i>(Submit original copy of report)</i>		Employer's Name: _____ English Language Proficiency Level: 1 2 3 4 5 6 (circle) Evaluation Date: _____
LICENCE APPLIED FOR -		RATINGS APPLIED FOR -
<input type="checkbox"/> Aeronautical Facility Technician's Licence (AFTL) <input type="checkbox"/> Aeronautical Facility Technician Trainee Permit		<input type="checkbox"/> PAPI <input type="checkbox"/> APP LTS <input type="checkbox"/> Other Visual Aids <input type="checkbox"/> Standby Generator/Control System <input type="checkbox"/> Aerobridge
<input type="checkbox"/> New Licence <input type="checkbox"/> Renewal / Replacement		Licence No: _____
Equipment model if applied for following: - PAPI: _____ Standby Generator Plant/Control System: _____		
State qualifications and provide evidence if new addition: - <input type="checkbox"/> Wire-man Licence <input type="checkbox"/> Ring Mains <input type="checkbox"/> High Voltage Certificate <input type="checkbox"/> Electrical Diploma <input type="checkbox"/> Others (specify):		



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Civil Aviation Authority of Fiji

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(For Electrical and Mechanical Services Personnel)

Form PL 103H

Declaration

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 authorize 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 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 Authority.

Applicant's Signature: _____ Date: ____/____/____

BELOW IS FOR OFFICIAL USE ONLY

Table with 6 columns: Fees, Receipt No., Receipt Date, Medical Results (Y/N/Conditional), Fit & Proper (Y/N/C), Licence No.

Application received and checked: _____ (Licensing Officer Signature) _____ (Date)

Endorsing Inspectorate Officer:

----- (Signature/Date) -----

Approving Officer

----- (Signature/Date) -----