



Civil Aviation Authority of Fiji
AERONAUTICAL FACILITY TECHNICIAN'S LICENCE & RATINGS - APPLICATION
 (For Aeronautical Telecommunications)

Form
PL 103I

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 Standards Document-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.

Attach Passport size
 Photograph of applicant
 (signed at back of
 photo).

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

TO BE COMPLETED BY APPLICANT		Tick applicable box below <input checked="" type="checkbox"/>		* Delete as applicable	
First Name:		Middle Name:		Surname:	
Address: _____ _____		Licence Re-Validation or Rating Competency Results Marks: ____ % Pass/Fail * Date of Examination: _____			
Phone No.: _____ Work No.: _____ Resident No.: _____					
Nationality: _____ Male/Female: _____					
Birth Date: _____		Medical Exam Date Pass/Fail: _____ (submit original report)			
Employer:		English Language Proficiency Level: 1 2 3 4 5 6 (circle) Evaluation Date: _____			
LICENCE APPLIED FOR <input type="checkbox"/> New		<input type="checkbox"/> Renewal*		Licence No:	
<input type="checkbox"/>	Aeronautical Facility Technician's Licence (AFTL)	<input type="checkbox"/>	Aeronautical Facility Technician Trainee Permit		
The information solicited herein is required pursuant to Air Navigation Regulations 53, which provide for a fit and proper person test to be satisfied.					



ISO 9001: 2015 CERTIFIED

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(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked (<i>other than a Licence that has been superseded by a replacement</i>)? If "yes", please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have you being subjected to a "stand-down" from solo technical duties. If "Yes", please give details: -	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence such as driving under the influence of alcohol or drug (including Kava)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Have you been convicted in any court on any criminal charge or are you presently facing charges for any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Have you any history of physical or mental health or serious behavioral problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

This Part to be completed if the Licence applied for includes VHF/HF radio equipment as testing of radio transceivers is required. (Applicant must be meet ASOL requirements as per SD-ATSPL)

1. Do you hold a valid Aeronautical Station Operators Licence? Submit a copy Yes No

Ratings Applied for		<input type="checkbox"/> CNS		<input type="checkbox"/> Air Traffic Services			<input type="checkbox"/> Security		
Equipment:	Model	Site	Equipment:	Model	Site	Equipment:	Mode I	Site	
<input type="checkbox"/>	ILS/DME		<input type="checkbox"/> HF			<input type="checkbox"/> HBS			
<input type="checkbox"/>	CVOR		<input type="checkbox"/> VHF/ATIS			<input type="checkbox"/> CXS			
<input type="checkbox"/>	DVOR		<input type="checkbox"/> ATM facility			<input type="checkbox"/> WTMD			
<input type="checkbox"/>	DME		<input type="checkbox"/> AFTN/AMHS			<input type="checkbox"/> CCTV			
<input type="checkbox"/>	NDB		<input type="checkbox"/> DVL			<input type="checkbox"/> ETD			
<input type="checkbox"/>	ADS-B		<input type="checkbox"/> VCS			<input type="checkbox"/> Others			
<input type="checkbox"/>			<input type="checkbox"/>						
<input type="checkbox"/>			<input type="checkbox"/>						
<input type="checkbox"/>			<input type="checkbox"/>						

Aeronautical related qualifications (*provide evidence*): Audit/Lead Auditor Approved Examiner
 OJT Instructor (*Specify facility*) _____
 Classroom Instructor (*Specify*) _____



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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 authorised 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 authorised 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

Fees	Receipt No.	Receipt Date	Medical Results	Fit & Proper	Licence No:
			Y/N/C (Conditional)	Y/N/C	

Application received and checked:

(Licensing Officer Signature/Date) _____

Endorsing Inspectorate Officer:

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

Approving Officer:

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