



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 and personal Flying Log Book. 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 _____

Personal Residential or Postal Address _____

and contact number _____

Personal E-mail _____

Operator/ Training Institute _____

SECTION 2 APPLICATION

I apply to convert my foreign Licence to a **Fiji CPL** on the BE20 aeroplane type.

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

Medical Fitness

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

Knowledge

- a pass in the Fiji Air Law Examination,
- Produce evidence of language proficiency assessment level minimum 4 and above.
- Hold a valid Foreign Licence & Medical Validation issued by the PEL Office
- hold a current **Commercial Pilot's Licence** issued by an ICAO contracting State.

Fees (Refer Civil Aviation (Fees and Charges) Regulation)

- Conversion Flight Test Fee, and the licence issue fee

Photograph

- one passport size colour photograph

Proof of Identification

- Passport, or Birth Certificate with Photo ID

Police Clearance

- Police Clearance

Consent

- I consent to CAAF obtaining confirmation about the authenticity of my foreign pilot licence from the relevant issuing Authority

ALLOW 5 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE CHARTER

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you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?

- 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 ?

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.

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 17(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 consent to the Civil Aviation Authority of Fiji obtaining confirmation about the authenticity of my foreign pilot licence from the relevant issuing Authority.

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:

SECTION 4 DETAILS OF PRINCIPAL FOREIGN PILOTS 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)

FOR OFFICIAL USE ONLY

Examiner authority checked.....
 ACCEPT
 REJECT because.....
 Signature..... Date.....

| | | Calculation |
|---------------|--|-------------|
| Fee | | |
| Part: | | |
| Item: | | |
| Time: From | | |
| : To | | |
| Travel: From | | |
| To | | |
| Transport | | |
| Accommodation | | |
| Overhead | | |
| Receipt No. | | |
| Date | | |

Surname: _____ First Names: _____ Location: _____
 Aeroplane Type: _____ Registration: _____ Flight Time: _____

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct Foreign Licence conversion, hereby certify that I have flown in an BE20 aeroplane with at the controls and that the applicant carried out satisfactorily* and unassisted, under the conditions stated, the manoeuvres and drills against which my signature appears below:

PHASE 1

- | | |
|---------------------------|--------------------------|
| 1. A/C Documentation | <input type="checkbox"/> |
| 2. A/C Performance | <input type="checkbox"/> |
| 3. Weight and Balance | <input type="checkbox"/> |
| 4. Fuel | <input type="checkbox"/> |
| 5. Emergency Equipment | <input type="checkbox"/> |
| 6. Weather Interpretation | <input type="checkbox"/> |

VISUAL TEST CONTINUED

- | | |
|--|--------------------------|
| 10. Normal T/O Visual circuit and land with no glide slope | <input type="checkbox"/> |
| 11. Flapless circuit and land | <input type="checkbox"/> |
| 12. Emergency evacuation discussion | <input type="checkbox"/> |
| 13. Airmanship | <input type="checkbox"/> |

PHASE 2**PILOTING TECHNIQUE - VISUAL**

- | | |
|---|--------------------------|
| 1. Demonstrate all pre-takeoff test items including- overspeed governor & rudder boost, Pressurisation, Auto-feather, TCAS 1 & EGPWS (TAWS) | <input type="checkbox"/> |
| 2. Normal T/O | <input type="checkbox"/> |
| 3. SID departure. Preferable via MI to NFNA | <input type="checkbox"/> |
| 4. Approach to stall and recovery. Clean and landing configuration. (En-route) | <input type="checkbox"/> |
| 5. DME are approach for VOR or NDB to minimum and missed approach | <input type="checkbox"/> |
| 6. Climb on track to VK to 10,000ft, discuss Decompression and emergency descent to 6000ft | <input type="checkbox"/> |
| 7. Conduct ILS, engine fire on approach with SE missed approach Circuit and land | <input type="checkbox"/> |
| 8. Maximum performance T/O to 500ft AAL Bad Weather (Low Level) circuit and land | <input type="checkbox"/> |
| 9. Rejected T/O before V ₁ Discussion | <input type="checkbox"/> |

Assessment Code: ✓ = Pass ✗ = Fail NT = Not Tested

COMMENTS:

Name of Flight Examiner (Print): _____ Licence: _____ Number: _____

Certified that this report is an accurate assessment of the test carried out

Signature: _____ Date: _____

I have had the following flying experience as recorded in my personal Pilot's Flying Logbook:

6.1

Totals

| | Aeroplane Hours | Simulator Hours |
|-------------------------|--------------------|--------------------|
| • Total Flight Time | | |
| • Co-pilot | | |
| • PIC under supervision | | |
| • Pilot in Command | | |

Signed Date

Flight times Certified correct by Training Manager of

Name in BLOCK CAPITALS Licence number and type

GENERAL NOTES

- 1 'Night' means the hours between 15 minutes after sunset and 15 minutes before sunrise.
- 2 A 'circuit' is the flight path around an aerodrome at a specified height, which facilitates an aircraft's positioning from a point on the take-off path of a given runway to a point, on the approach path of the same runway, from which a landing can be made.
- 3 'Satisfactorily' means that the applicant is in full control of his aeroplane at all times and that the successful outcome of a manoeuvre is never in doubt. 'Unassisted' means without verbal prompting or physical assistance with the flying controls.
- 4 In the aeroplane 'Simulated engine failure' means with thrust lever set to idle so as to represent a failed engine. In the flight simulator any approved method for simulating engine failure may be used. The accelerate-stop tests required by this Form should be carried out as follows:
 - (a) In the aeroplane, simulated engine failure should be initiated at a speed that will not hazard the safety of the aircraft.
 - (b) In the flight simulator, simulated engine failure should be initiated at a speed which is close to V1 but which is sufficiently below to require a decision to stop, e.g. V1 -5 or -10 knots.
- 5 Emergency descent procedure should be carried out in the air by announcing a pressurisation failure, donning masks, carrying out touch drills and descending the aeroplane through a representative height band.
- 6 Endorsement of the licence will date from the completion of these tests. A flight simulator must be specifically authorised before testing boxed items during the initial ratings on type.
- 7 Only persons holding written authorisation from the Civil Aviation Authority of Fiji in respect of the aeroplane and/or simulator type used for this test may sign for the satisfactory completion of any test on this form.
- 8 Certain items of this test may be carried out on an appropriate flight simulator, which has been specifically approved for them. Items so approved are enumerated in the relevant flight simulator approval, which also shows the Simulator Code for column 3.
- 9 This issue of CAAF Form PL 104K is for use in respect of **Conversion of a Foreign Licence- BE20**. Applications for the supply of this form should be made to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, telephone (679) 8923155.