



Civil Aviation Authority of Fiji
AIR TRAFFIC SERVICE PERSONNEL LICENSING - APPLICATION

Form
PL 110A

Complete application form and -

- (a) ATCL/ATCTP & FISOL/FISTP: Valid Class 3/4 (as appropriate) Medical Assessment issued by an AMA.
 (b) Initial issue of licence/rating – Evidence that required training has been satisfactorily completed as per the SD PEL, certified Rating Board Examination Results and a passport-size photograph.

Renewal of ATCL, FISOL & ASOL – Provide results of licence renewal examination.

Application documentation & appropriate fees shall be submitted at least 10 working days in advance to allow time for processing. For fees & charges, please refer to the current Civil Aviation Fees & Charges Regulation, accessible via the Authority's website.

Attach
 photograph
 here
 Approx 2cmx2.5cm

TO BE COMPLETED BY APPLICANT		<i>Tick applicable box below</i> <input type="checkbox"/>	<i>Provide a copy of birth certificate/passport biodata page for initial issue.</i>
		<i>* Delete as applicable</i>	
First Name	Middle Name	Surname	
Address:		Phone No:	Licence Renewal
Nationality: _____		_____ (Res)	Date of Examination: _____
Country of Birth: _____		_____ (Wk)	
Date of Birth (dd/mm/yy): _____		Employer's Name: _____	
Class 3/4 Medical Assessment – Provide date of visit if recently seen by an AMA: _____			
LICENCE/RATING APPLIED FOR: -			
<input type="checkbox"/> Air Traffic Controller Licence (ATCL)	<input type="checkbox"/> Aerodrome Control Rating: Nadi/Nausori * <input type="checkbox"/> Approach Control Procedural Rating: Nadi/Nausori* <input type="checkbox"/> Approach Control Surveillance Rating: Nadi/Nausori* <input type="checkbox"/> Area Control Procedural Rating – Nadi <input type="checkbox"/> Area Control Surveillance Rating - Nadi		
<input type="checkbox"/> Aeronautical Station Operator Licence (ASOL)	<input type="checkbox"/> HF RTF and Air Ground operations <input type="checkbox"/> VHF/HF RTF Operations <input type="checkbox"/> VHF RTF operations (Airside Operations)		
<input type="checkbox"/> Flight Information Service Officer Licence (FISOL)	<input type="checkbox"/> International Flight Information service rating (Nadi FIR) <input type="checkbox"/> Aerodrome Flight Information service rating (Domestic Aerodromes) <input type="checkbox"/> Domestic Flight Information service rating (Fiji Domestic Airspace)		
<input type="checkbox"/> ATC Training Permit	<input type="checkbox"/> FIS Training Permit		
<input type="checkbox"/> New/Replacement* Licence/Permit *	<input type="checkbox"/> If renewal, state Licence/Permit No: _____		
State any other aeronautical related qualifications and provide evidence if new additions: -			
<input type="checkbox"/> ATS Instructor rating (OJTI) <input type="checkbox"/> ATS Instructor rating (classroom) <input type="checkbox"/> ATS Examiner rating			
<input type="checkbox"/> Others (specify):			

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

(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 (<i>other than a licence that has been superseded by a replacement or higher licence</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 operational duties by your employer? 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 drugs (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
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(e) Have you any history of physical or mental health or serious behavioral problems?	<input type="checkbox"/> Yes# <input type="checkbox"/> No
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If answering "Yes" to question c), d) or e) above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential - Senior Personnel Licensing Inspector, Civil Aviation Authority of Fiji" and attach the envelope with this application form.

Declaration

I certify that the above information is correct and that the enclosed copies of my personal documents are authentic and the information provided is true and correct. I further authorise 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 authorise such information to be disclosed by the Authority to any person who requires such information to carry out his/her duties, 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 Senior Personnel Licensing Inspector, Civil Aviation Authority of Fiji; and
- where applicable, the copying of my signature below required for the issuance of an ATC/FIS training permit.

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

Post or deliver the completed form and required documents to: Senior Personnel Licensing Inspector
Civil Aviation Authority of Fiji
Private Mail Bag (NAP 0354)
Nadi Airport
FIJI

BELOW FOR OFFICIAL USE ONLY

Chargeable Man Hours					
Travelling Time	Transportation	Accommodation	Rating / Validation	Processing Time	
				ANSI	
				LO	
Examination Results	Medical Results	Fit & Proper	Licence No:	SPELI	
Passed / Failed*	Y / N / Conditional*	Y / N / Conditional*			

Remarks:

Checked/Accepted by Licensing Officer:

(Signature)

(Date)

Comments:

Endorsed by ANSI:

(Signature)

(Date)

Comments:

Approved by SPELI:

(Signature)

(Date)

Fees

Receipt No./Date