



Civil Aviation Authority of Fiji
Consultation Response Form

Form
QA 109

Section 1: To be completed prior to distribution

1. <u>ICAO Reference:</u>	2. <u>Subject matter:</u>	3. <u>Date Received:</u>
4. <u>Response Required by:</u> /...../.....		5. <u>Register #:</u>

Section 2: To be completed by industry

6. <u>Name:</u>	7. <u>Position:</u>	8. <u>Email:</u>
9. <u>Organisation:</u>		
10. Please make a selection and comment below. <input type="checkbox"/> Proposal is acceptable without change <input type="checkbox"/> Acceptable but would be improved if changes were made <input type="checkbox"/> Not acceptable but would be acceptable if changes were made <input type="checkbox"/> Not acceptable under any circumstances <input type="checkbox"/> No opinion		
11. <u>Comments:</u> (use additional sheet if required)		
Date: /..... /.....		Sig.

Please Fax the response to "Manager Legal & Enforcement, CAAF" on 6721500 or email to Manager.Legal&Enforcement@caaf.org.fj.