



Civil Aviation Authority of Fiji
APPLICATION TO BECOME A AVIATION SECURITY SERVICE ORGANISATION

Form
SF 102D

Please read carefully before filling in the form.

- If you wish to be certified as an Aviation Security Service Organization,

You should fill in this form.

- Please print clearly in black/Blue ink
- Please the relevant boxes.

- Have you applied for certification before? Yes No
 If **Yes**, please give details including allocated number, on a separate sheet.

- Are you a registered company? Yes No
 If **Yes**, please complete Part A. If **No**, please complete Part B (overleaf).

PART A

| | | | |
|---------------------------|----------|---------|--|
| Company Name | | | |
| Registration No | | | |
| Trading as | | | |
| VAT Reg No. | | | |
| Registered Office Address | | | |
| | | | |
| | Postcode | | |
| Telephone No. | | Fax No. | |

***Please attach an address list of all premises where you operate from.**

How many staff do you employ in your company for AVSEC operational duties? i.e. acceptance, preparation, packing & delivery.

0-25 26-50 51-75 76-100 100+

Does any member of your company have any criminal convictions?

Yes No

If **Yes** please attach full details on a separate sheet

➔ Now go to Part B

PART B

Are you?

(a) a sole proprietor

Full name

Trading as

or

(b) a partnership or association

Full names
of all
partners or
associates

| |
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| |

Continued on a separate sheet ...

Trading as

| |
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| |
|--|

For **(a)** or **(b)**

VAT Reg No.

| |
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Address of
principal office

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| |

Postcode

Telephone No.

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Fax No.

| |
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****Please attach an address list of all premises where you operate from.***

How many staff do you employ in your company for AVSEC operational duties? i.e. acceptance, preparation, packing & delivery.

0-25

26-50

51-75

76-100

100+

Does any member of your company have any criminal convictions?

Yes

No

If **Yes** please attach full details on a separate sheet

➔ Now go to **Part C**

PART C

Please give details of the individual in your company who will officially accept any written or verbal communication from the Authority relating to aviation security business.

| | | | |
|---------------------|----------------------|---------|----------------------|
| Name | <input type="text"/> | | |
| Position in Company | <input type="text"/> | | |
| Official address | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | Postcode |
| Telephone No. | <input type="text"/> | Fax No. | <input type="text"/> |

PART D Now please sign and date the form

I declare that the information I have given is, to the best of my knowledge true and correct.

| | | | |
|------------------------------|----------------------|-------|----------------------|
| Signed | <input type="text"/> | Dated | <input type="text"/> |
| Name (CAPITAL LETTERS) | <input type="text"/> | | |
| Position in Company | <input type="text"/> | | |

Now return the completed application form together with the following:

- Copy of Organisation Exposition, QA System, Safety Management System.
- An address list of all premises where you will be operating from.
- A statement of your current security policy
- Details of previous applications for listing

then send it to:

**Controller
Aviation Safety & Security
Civil Aviation Authority of Fiji
Private Mail Bag
Nadi Airport**

For Office Use Only

Date application received

New application? Yes No

Re-application after refusal? Yes No

Renewal Yes No

Date sent to CAAF

Date received at CAAF

Date of listing

Allocated Number

Date of renewal

Date application refused

Reason for refusal

Date refusal notified to applicant