



Civil Aviation Authority of Fiji
HBS TRANSFER EXEMPTION APPLICATION

Form
SF 102F

Note:

- Please print clearly in black/Blue ink
- Please the relevant boxes.
- Submit application 4 weeks in advance to allow time for processing.

<input type="checkbox"/> New Exemption	<input type="checkbox"/> Renewal / Replacement * of Exemption No:	(*Delete as applicable)
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PART A

Company Name	<input style="width: 100%;" type="text"/>		
Registered Office Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	Postcode		
Telephone No.	<input style="width: 30%;" type="text"/>	Fax No.	<input style="width: 30%;" type="text"/>
Email address.	<input style="width: 100%;" type="text"/>		

PART B

Airport to be validated	<input style="width: 80%;" type="text"/>
Country	<input style="width: 80%;" type="text"/>

Please give details of the individual in your company who will facilitate the HBS Validation Inspection of the above mentioned airport.

Name	<input style="width: 100%;" type="text"/>		
Position in Company	<input style="width: 100%;" type="text"/>		
Official address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	Postcode		
Telephone No.	<input style="width: 30%;" type="text"/>	Fax No.	<input style="width: 30%;" type="text"/>
Email address.	<input style="width: 100%;" type="text"/>		

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 HBS Validation Inspection.

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

PART D

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"/>		

Send the completed application form to:

**Controller Aviation Security & Facilitation
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