



Civil Aviation Authority of Fiji AVIATION SECURITY SCREENER CERTIFICATE - APPLICATION

Form
SF 106A

Complete application form and attach the following -

- Initial issue of a certificate to a new recruit will have to be accompanied by two (2) passport size photos, ASTP 123 Training records, OJT records, OJT practical assessment records, medical report and police clearance.
- For renewal, attach certificate and proficiency test records.
- For renewal of more than 1 year of expiry, attach copy of refresher training, certificate and proficiency test records.

Note: Submit application 4 weeks in advance to allow time for processing.

Attach
photograph
here

2cmx2.5cm

TO BE COMPLETED BY APPLICANT		(Tick applicable <input checked="" type="checkbox"/> box below)
First Name	Middle Name(s)	Surname
Mailing Address: _____ _____ Residential Address: _____ _____ Phone No: _____ (Res.) _____ (Mobile)		Nationality: _____ Country of Birth: _____ Date of Birth (dd/mm/yyyy): _____ Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Marital Status: Single: <input type="checkbox"/> Married: <input type="checkbox"/> Widowed: <input type="checkbox"/> Divorced: <input type="checkbox"/>
Email Address: _____ Occupation: _____ Airport: _____ Education Level: _____ ASTP - Year Sat: _____		Employer's Name: _____ Address: _____ _____ Phone No: (679) _____ Fax No: (679) _____
<input type="checkbox"/> New Certificate <input type="checkbox"/> Renewal / Replacement * of Certificate No: _____ (*Delete as applicable)		
<input type="checkbox"/> Level 1 – Access Control <input type="checkbox"/> Level 2 – CBS & HBS <input type="checkbox"/> Level 3 – All		
The information solicited herein is required pursuant to Regulation 3A of the Civil Aviation (Security) Regulations.		
(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document that has been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If answering "yes", please give details: _____ _____		
(b) Do you have any physical disability that limits your ability to operate Aviation Screening equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) Do you have any hearing defect? <input type="checkbox"/> Yes <input type="checkbox"/> No; Do you wear a hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Do you wear corrective lenses <input type="checkbox"/> Yes <input type="checkbox"/> No (e) Are you able to correctly identify different colours? <input type="checkbox"/> Yes <input type="checkbox"/> No (f) Are you familiar with the security procedures applicable for the airport? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify that the above information is correct that the enclosed copies of my personal documents are authentic and that 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 as lawfully directed by the Authority.

Signature of Applicant:

Date:

Signature of Authorising Officer:

Designation:

Date:

BELOW FOR OFFICIAL USE ONLY

Date Application Received:				Received By:		
Police Clearance	Basic AVSEC Course	Refresher Training	OJT	OJT Practical Assessment	Proficiency Test	Medical Results
Y / N / NA	1-3, 4-6, 7-9, 10 -12 NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / NA	Y / N / Conditional

Action by Licensing section:			
Accepted	<input type="checkbox"/>	Date notified:	Remarks:
Rejected	<input type="checkbox"/>	Date notified:	
Checked by:			(Signature) (Date)
Comments by ASFI:			
Approved by:		(Signature)	(Date)
Fees			
Receipt No./Date			