**IMPORTANT**

Before completing this form, its contents should be read carefully. Completed applications should be sent to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, together with the documents required under Section 2 and personal Flying Log Book. Your attention is drawn to the provisions of the Air Navigation Regulations in respect of Regulation 128 *Forgery, etc., of documents,* of the Air Navigation Regulations.

|  |  |
| --- | --- |
| **SECTION 1**  | **PERSONAL PARTICULARS OF APPLICANT (in BLOCK CAPITALS please)**  |

Full Name (Surname first):

Flying Training Permit Number:

Address to which licence is to be returned,

and contact number:

|  |  |
| --- | --- |
| **SECTION 2**  | **APPLICATION**  |

**I hereby apply for the issue of a Fiji Commercial Pilot's Licence (Aeroplanes).** Evidence of the following is also attached in support of this application:

# Medical Fitness

[ ]  a current class 1 (Minimum) medical examination conducted by a CAAF approved AMA (including audiogram, electro-cardiogram and any other test deemed necessary by the medical examiner)

# Knowledge

[ ]  a pass in the Fiji Air Law Examination

produce evidence of having passed all written examinations required for the issue of a Commercial Pilot’s

[ ]  Licence (Aeroplanes) by CAAF

[ ]  Produce evidence of language proficiency assessment level minimum 4 and above.

**Skill** logbook certification by a Fiji Flight Instructor of the satisfactory completion of a cross-country flight check

[ ]  (300 NM) and;

[ ]  a pass in the Commercial Pilot’s Licence Flight Test under Section 5 of this form conducted by a CAAF authorised Flight Examiner

**Fees** (Refer Civil Aviation (Fees and Charges) Regulation)

[ ]  CPL(A) Flight Test Fee [ ]  CPL(A) Licence issue fee

**Photograph**

[ ]  2 passport size colour photographs (signed and dated on the back)

# Proof of Identification

[ ]  Passport, or [ ]  Birth Certificate together with a Photo ID

# Police Clearance

 [ ]  Police Clearance

**ALLOW 5 WORKING DAYS FROM RECEIPT DATE OF THIS APPLICATION AS PER CAAF SERVICE CHARTER**

|  |  |
| --- | --- |
| **SECTION 3**  | **FIT AND PROPER PERSON**  |

**THE INFORMATION SOLICITED HEREUNDER IS REQUIRED PURSUANT TO ANR REGULATION 53 (2) OF THE AIR NAVIGATION REGULATIONS 1981 WHICH PROVIDES FOR THE REQUIREMENT FOR FIT AND PROPER PERSON.**

1. 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 (other than a licence that has been superseded by a replacement or a higher licence?

1. Have you been convicted on any criminal charge or are you presently facing charges for a transport safety offence?
2. Have you been convicted on any criminal charge or are you presently facing charges for a criminal offence?

1. Have you any history of physical or mental health or serious behavioural problems?

If answering “YES” to questions b, c or d above, please provide details on separate sheets enclosed in a sealed envelope marked ***“Confidential, Chief Executive, Civil Aviation Authority of Fiji, include name, client No (if known), organisation name***, and attach to this application.

|  |
| --- |
| Note: The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 17(5)(b) of the Civil Aviation Authority Act 1979 and Regulation 128 of the Air Navigation Regulations 1981 and the applicant is subject to prosecution as well as the revocation, suspension or cancellation of their aviation document or in the event of initial issue, the rejection of the application. |

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form is true and correct and that the enclosed copies of my personal documents are authentic and that information shown on them is true and correct.

I hereby authorise the Civil Aviation Authority of Fiji to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the CAAF to any person who requires such information to carry out any function as lawfully directed by the CAAF. I consent to the disclosure by any court of law of any details of any convictions I may have pursuant to this application, to the Chief Executive, Civil Aviation Authority of Fiji.

Signature of Applicant:  Date: Click or tap to enter a date.

|  |  |
| --- | --- |
| **SECTION 4**  | **DECLARATION OF TRAINING AND PROFICIENCY (INITIAL ISSUE ONLY)**  |

This applicant has satisfactorily completed a course integrating ground and flying training the following aspects of operation:

3.1 Use of all the equipment, including Flight Instruments, which are the responsibility of the Flight Crew.

3.2 Performance of normal, abnormal, alternate and emergency drills and under flight conditions as defined in the relevant Flight Manual or Operating Handbook including weight and balance and trim sheet calculations.

3.3 Passed an Oral examination on the required knowledge for issue of a Commercial Pilot's Licence (Aeroplanes).

Signature:  Date: Click or tap to enter a date.

Pilot in charge of training / CFI for       Company

Name (in BLOCK CAPITALS)       Licence No and Type

# FOR OFFICIAL USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |   | **Calculation**  |
| **Fee**  |  |       |       |
| Part:  |  |       |       |
| Item:  |  |       |       |
|   |  |       |       |
| Time :  | From  |       |       |
|  :  | To  |       |       |
|   |   |       |       |
| Travel:  | From  |       |       |
|   | To  |       |       |
| Transport  |        |       |
| Accommodation  |        |       |
| Overhead  |        |       |
| Receipt No.  |        |       |
| Date: Click or tap to enter a date. |

Examiner authority checked

[ ]  ACCEPT

[ ]  REJECT because

Signature 

Date: Click or tap to enter a date.

|  |  |  |
| --- | --- | --- |
| **SECTION 5**  |  | **CERTIFICATE OF FLIGHT TEST FOR COMMERCIAL PILOT’S LICENCE (AEROPLANES)**  |

|  |  |  |
| --- | --- | --- |
| Surname:       | First Names:       | Location:       |
|   |  |  |
| Aeroplane :       |  |  |
|  | Registration:       | Flight Time:        |
| Type:       |  |
|   |  |

I, being a person duly authorised in writing by the Civil Aviation Authority of Fiji to conduct Commercial Pilot's Licence test, hereby certify that I have flown in an aeroplane with the above at the controls and that the applicant carried out satisfactorily\* and unassisted, under the conditions stated, the exercises, manoeuvres and drills below: \*(See Note 3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHASE 1** |  | **PHASE 3** |  | **PHASE 5** |
| 1 | A/C Documentation | Choose an item. |  | **I/F FULL PANEL** |  |  | **VISUAL TEST CONTINUED** |  |
| 2 | A/C Performance | Choose an item. |  | 1 | S + L ± 5° and ± 100 ft | Choose an item. |  | 1 | Turning – medium; climbing, descending, steep, steep-gliding, Max Rate | Choose an item. |
| 3 | Weight and Balance | Choose an item. |  | 2 | Medium Turns 180° L + R ± 10° on heading ± 100 ft | Choose an item. |  | 2 | Stall recovery; safety checks and clearing turns, Basic Stall, Power + Flap, wing drop, steep turns | Choose an item. |
| 4 | Fuel | Choose an item. |  | 3 | Straight Climb and Descent ± 100 ft on preselected Alt. | Choose an item. |  | 3 | Forced landing without power | Choose an item. |
| 5 | Emergency Equipment | Choose an item. |  | 4 | Stall onset recovery: Power on level flight; recovery from stall in climbing turn | Choose an item. |  | 4 | Low Flying, Poor Visibility | Choose an item. |
| 6 | Weather Interpretation | Choose an item. |  | 5 | Recovery, Power on Spiral Dive | Choose an item. |  | 5 | Forced Landing with power | Choose an item. |
|  |  |  |  |  |  | 6 | Circuit Joining Procedure – CVFR or non radio | Choose an item. |
| **PHASE 2**  |  | **PHASE 4** |  |
|  | **PILOTING** **TECHNIQUE – VISUAL**  |  |  | **I/F LIMITED PANEL**  |  | 7 | Flap use or side slip technique | Choose an item. |
| 1 | Pre-flight inspection | Choose an item. |  | 1 | Climbing turns, Comp Hdgs | Choose an item. |  | 8 | Approach and Landing: | Choose an item. |
| 2 | Engine Start/Warm/Checks | Choose an item. |  | 2 | Straight Climb, Comp Hdgs | Choose an item. |  |  | i) Landing in minimum distance AT OPS | Choose an item. |
| 3 | Taxi/Brake/Inst Checks | Choose an item. |  | 3 | Medium Turns (Limits for 1 to 4 above ± 200 ft ± 10° ± 10K) | Choose an item. |  |  | ii) Flapless | Choose an item. |
| 4 | Pre-Take-off / Run Up Checks | Choose an item. |  | 4 | Recovery from unusual attitudes, including Power on Spiral Dive | Choose an item. |  |  | iii) Cross wind | Choose an item. |
| 5 | T/O Normal / X-Wind / Max Perf / Aborted | Choose an item. |  |  |  |  |  | 9 | Missed approach/overshoot (below 50 ft) | Choose an item. |
| 6 | EFATO Technique | Choose an item. |  |  |  |  |  | 10 | ATS/Radio Procedures | Choose an item. |
| 7 | Climbing and Descending | Choose an item. |  |  |  |  |  | 11 | Airmanship: | Choose an item. |
| 8 | Straight and Level | Choose an item. |  |  |  |  |  |  | i) Pilot Judgement | Choose an item. |
|  |  |  |  |  |  |  |  |  | ii) Look out | Choose an item. |

 COMMENTS:

|  |
| --- |
| Name of Flight  |
| Examiner (Print):       | Licence:       | Number:        |

Certified that this report is an accurate assessment of the test carried out

Signature:  Date: Click or tap to enter a date.

|  |  |
| --- | --- |
| **SECTION 6**  | **FLYING EXPERIENCE**  |

I have had the following flying experience as recorded in my personal Pilot’s Flying Logbook:

|  |  |
| --- | --- |
| **6.1 Minimum Flying Experience ()** | **Totals** |
| * Total flight time in aeroplanes **(200) Non Integrated**
 |       |
|  (150) Integrated  |
| * Flight time as pilot in command in aeroplanes **(100) Non Integrated**
 |       |
|  (70) Integrated  |
| * Number of hours instruction in instrument flying **(10)**
 |       |
|  of which **5** hrs may be instrument ground time.  |
| * Cross country flight time as pilot in command in aeroplanes **(20)** including a cross country flight of not less than **300 nm** with 2 full stop landings at 2 different aerodromes
 |       |
| * Flight time at night as Pilot in Command **or** pilot under training **(5)**
 |       |
| * Number of take-offs at night as Pilot in Command **(5)**
 |       |
| * Number of landings at night as Pilot in Command **(5)**
 |       |

|  |  |
| --- | --- |
| Signed  | Date: Click or tap to enter a date. |
| Flight times Certified correct:       | by Training Manager/CFI of:       |
| Name in BLOCK CAPITALS:       | Licence number and type:       |

# GENERAL NOTES

1. ‘Night’ means the hours between 15 minutes after sunset and 15 minutes before sunrise.

1. A ‘circuit’ is the flight path around an aerodrome at a specified height which facilitates an aircraft’s positioning from a point on the take-off path of a given runway to a point, on the approach path of the same runway, from which a landing can be made.

1. ‘Satisfactorily’ means that the applicant is in full control of his aeroplane at all times, and that the successful outcome of a manoeuvre is never in doubt. ‘Unassisted’ means without verbal prompting or physical assistance with the flying controls.

1. In the aeroplane ‘Simulated engine failure’ means with throttle lever set to idle so as to represent a failed engine as nearly as possible. The accelerate-stop tests required by this Form should be carried out in the aeroplane. Simulated engine failure should be initiated at a speed, which will not hazard the safety of the aircraft.

1. The licence validity will date from the completion of this test.

1. Only persons holding written authorisation from the Civil Aviation Authority of Fiji in respect of the aeroplane used for this test may sign for the satisfactory completion of any test on this form.

1. This issue of CAAF Form **PL 103C** is for use in respect of **Commercial Pilot's Licence (Aeroplanes)**. Applications for the supply of this form should be made to the Civil Aviation Authority of Fiji, Private Mail Bag (NAP 0354), Nadi Airport, Fiji, telephone (679) 8923155.