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| **Organization Details** |
| Name of organization*(Certificate will be issued in this name)* |       |
| Address for service      | Postal address      |
| Tel:       | Fax:       | Email:       |
| Organisation structure diagram *(provide on a separate sheet and attach with this application)* [ ]  |
| **Reason for Application** – Mark appropriate box |
| Initial issue[ ]  Renewal [ ]  |
| **Questionnaire -** *\*Delete as applicable. If answering “Yes”, please provide details on separate sheet* |
| The following questions must be answered: - |  |
| (a) Has the organization been convicted for any transport safety offence in the last five years or is the organization presently facing charges for a transport safety offence? | [ ]  Yes/ [ ]  No\* |
| (b) Has the organization previously had an application for an aviation document rejected or has an aviation document held by the organization been suspended or revoked? | [ ]  Yes/ [ ]  No\* |
| (c) Has the organisation contracted out services? | [ ]  Yes/ [ ]  No\* |
| (d) Has the organisation been contracted to provide services? | [ ]  Yes/ [ ]  No\* |
| **Aeronautical Meteorological Service to be provided** |
| Climatology service [ ]  | Meteorology Briefing Service [ ]  |
| Forecast Service [ ]  | Meteorology Reporting Service [ ]  |
| Information Dissemination Service [ ]  | Meteorology Watch Service [ ]  |
| **Location** |
| For each service applied for indicate as applicable the name of the aerodrome/airspace being serviced and hours of service.  |
| *Services* | *Aerodrome/Airspace & Hours of Service* |
|       |       |
|       |       |
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|       |       |
| **Senior Personnel** |
| List of Senior Persons and their areas of responsibility. |
| *Name* | *Job Title* | *Areas of responsibility* |
|       |       |       |
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| **Personnel** |
| Indicate number of persons to employed in the organisation. |
| Aeronautical Meteorology Personnel |
| 1-5 [ ]  | 6-10 [ ]  | 11-50 [ ]  | 51-100 [ ]  | >100 [ ]  |
| **Training** |
| Indicate type of training to be undertaken within the organisation for personnel. |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Exposition / Operations Manual** [ ]  |
| This must be provided with initial application and updated as required by Rules and Standards issued by the Authority. |
| **List of Operations Manuals submitted with the Exposition (Name and Effective date)** |
|       |
|       |
|       |
|       |
| **Industry Consultation** |
| Does the applicant wish to (continue to) participate in the **Industry Consultation** process?Please Tick one : [ ]  Yes [ ]  NoIf uncertain, details of the process is available in an AIC available on the Authority’s website; [www.caaf.org.fj](http://www.caaf.org.fj)If the applicant wishes to participate or continue participating, please provide details of your representatives below –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Email | Phone | Specialization |
|       |       |       |       |       |
|       |       |       |       |       |

Please note that you may have more than one nominated representative and may nominate that different representatives should be consulted on different matters – the choice of topics is the subject matters of various ICAO Annexes – as described in the AIC on the Industry Consultation Process.It is recommended that you have more than one nomination so that you do not lose a consultation opportunity should one person not be available for technical or other reasons.(\*CAAF GSD – refer industry consultation details to Standards to update the nominated person’s details) |
| **Declaration** |
| This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the Authority.I certify that the above information provided is true and correct and the enclosed copies of the attached documents submitted with this application are authentic. I authorize the Authority to use the information on this form or attached hereto for any purpose as required or authorized by law. I further authorize such information to be disclosed by the Authority to any person who requires such information to carry out as lawfully directed by the AuthorityI consent to the disclosure by the Fiji Police of any details of any convictions I may have pursuant to application, to the Civil Aviation Authority of Fiji. |
| Full name of (nominated) Chief Executive / Accountable Manager:      |
| Signature of (nominated) Chief Executive / Accountable Manager and Company Stamp: |  |
| Date of application: | Click or tap to enter a date. |
| ***Notes:****(a). The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence of Air Navigation Regulations No. 128.**(b) Name of organisation: A certificate will be issued only to a registered company, a partnership, a sole trader or an incorporated society. For a registered company, submit a copy of the company’s office Certificate of Registration.**(c) For initial issue or for a change of Senior Persons, a declaration form prescribed by 9.2 will need to accompany this application for each of the senior persons nominated in the form.**(d) The completed application and supporting documentation, should be submitted to:**Chief Executive**Civil Aviation Authority of Fiji**Private Bag, Nadi Airport, Republic of Fiji* |