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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. | | | | | | |
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| **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)** | | | | | | |
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| **Industry Consultation** | | | | | | |
| Does the applicant wish to (continue to) participate in the **Industry Consultation** process?  Please Tick one :  Yes  No  If 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 Authority  I 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* | | | | | | |