**Please read carefully before filling in the form.**

* If you wish to be certified as a Ground Handling Service Provider

You should fill in this form.

* + - Please print clearly in black/Blue ink
		- Please [ ]  the relevant boxes.
			* Have you applied for certification before? Yes [ ]  No [ ]

If **Yes,** please give details including allocated number, on a separate sheet.

* + - * Are you a registered company? Yes [ ]  No [ ]

If **Yes,** please complete Part A. If **No**, please complete Part B (overleaf).

**PART A**

|  |  |
| --- | --- |
| Company Name: |       |
| Registration No: |       |
| Trading as: |       |
| VAT Reg No: |       |
| Registered Office Address: |       |
|  |  | Postcode: |       |
| Telephone: |       | Fax No: |       |

\****Please attach an address list of all premises where you operate from.***

How many staff do you employ in your company for AVSEC operational duties? i.e. acceptance, preparation, packing & delivery.

0-25 [ ]  26-50 [ ]  51-75 [ ]  76-100 [ ]  100+ [ ]

Does any member of your company have any criminal convictions? Yes [ ]  No [ ]

 If **Yes** please attach full details on a

 Now go to **Part B** separate sheet

**PART B**

Are you?

**(a)** a sole proprietor [ ]

|  |
| --- |
| Full Name:       |
| Trading as:       |

or

**(b)** a partnership or association

|  |  |
| --- | --- |
| Full NamesOf All PartnersOr Associates |       |
|       |
|       |
|       |
|       |

 Continued on a separate sheet …

|  |  |
| --- | --- |
| Trading as: |       |
| For (a) or (b) |       |
| VAT Reg No. |       |
| Address of  |       |
| principle office |
|  |  | Postcode. |       |
| Telephone No. |       | Fax No. |       |

\****Please attach an address list of all premises where you operate from.***

How many staff do you employ in your company for AVSEC operational duties?

0-25 [ ]  26-50 [ ]  51-75 [ ]  76-100 [ ]  100+ [ ]

Does any member of your company have any criminal convictions? Yes [ ]  No [ ]

If **Yes** please attach full details on a separate sheet

 Now go to **Part C**

**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 aviation security business.

|  |  |
| --- | --- |
| Name  |       |
| Position in company |       |
| Official address |       |
|  |
|  |       | Postcode. |       |
| Telephone No. |       | Fax No. |       |

**PART D Now please sign and date the form**

I declare that the information I have given is, to the best of my knowledge true and correct.

|  |  |
| --- | --- |
| Signed:A white square with a blue border  AI-generated content may be incorrect. | Dated: Click or tap to enter a date. |
| Name ( CAPITAL LETTERS).       |
| Position in company.       |

**Now return the completed application form together with the following:**

* Ground Handling Service Provider Security Programme
* Aircraft Maintenance Organisation Certificate
* Quality Assurance System and Safety Management System
* Copy of Air Operator’s Certificate if applicable

 then send it to:

 **Controller**

  **Aviation Safety & Security**

  **Civil Aviation Authority of Fiji**

  **Private Mail Bag**

  **Nadi Airport**

**For Office Use Only**

Date application received. Click or tap to enter a date.

 New application? Yes [ ]  No [ ]

 Re-application after refusal? Yes [ ]  No [ ]

 Renewal Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Date sent to CAAF  | Click or tap to enter a date. |
| Date received at CAAF  | Click or tap to enter a date. |
| Date of listing  | Click or tap to enter a date. |
| Allocated Number  |       |
| Date of renewal  | Click or tap to enter a date. |
| Date application refused  | Click or tap to enter a date. |

Reason for refusal

|  |
| --- |
|        |

Date refusal notified to applicant Click or tap to enter a date.